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1998 Health Care Survey of DoD Beneficiaries:

National Executive Summary Report

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Acronyms

AFB	Air Force Base
AMC	Army Medical Clinic
CAHPS	Consumer Assessment of Health Plans Study
CONUS	Continental United States, Alaska, and Hawaii
CTF	Civilian Treatment Facility
DEERS	Defense Enrollment Eligibility Reporting System
DOD	Department of Defense
ER	Emergency Room
HCSDB	Health Care Survey of DoD Beneficiaries
HEAR	Health Enrollment/Evaluation Assessment Review
MHS	Military Health System
MTF	Military Treatment Facility
NH	Naval Hospital
NMC	Naval Medical Center
NNMC	National Naval Medical Center
OCONUS	Outside Continental United States (except Alaska and Hawaii)
PCM	Primary Care Manager
PIP	Performance Improvement Plan
TRICARE	Tri-Service Health Care
TMA	TRICARE Management Activity

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Executive Summary

The Health Care Survey of DoD Beneficiaries (HCSDB) is a large-scale survey of military health system (MHS) beneficiaries conducted annually by the Office of the Assistant Secretary of Defense/TRICARE Management Activity (TMA). It was congressionally mandated under the National Defense Authorization Act for fiscal year 1993 (P.L. 102-484) to ensure that the satisfaction of MHS beneficiaries with their health plan and health care would be regularly monitored. The survey was first fielded in 1995.

This report presents the 1998 survey findings for all adult MHS beneficiaries residing within the continental United States, including Alaska and Hawaii (CONUS). The purpose of the 1998 HCSDB was to address a wide range of issues concerning MHS beneficiaries' satisfaction with their health care. The following are the key research questions behind the survey design:

- How *satisfied* are Department of Defense (DoD) beneficiaries with their health care and their health plan?
- How does overall satisfaction with military treatment facilities (MTFs) compare with satisfaction with civilian treatment facilities (CTFs)?
- Does *access* to military and civilian facilities meet TRICARE standards?
- Do beneficiaries understand TRICARE?
- Is beneficiaries' use of preventive health care services in line with national goals, such as those outlined in *Healthy People 2000*?
- What is the general physical and mental health status of MHS beneficiaries?
- Has beneficiaries' use of MHS services changed over time?
- What aspects of MHS care contribute most to beneficiary satisfaction with their health care experiences? With which aspects are beneficiaries least satisfied?
- What are the demographic characteristics of MHS beneficiaries?

The sample for the HCSDB was drawn from the Defense Enrollment Eligibility Reporting System (DEERS) database, covering all persons eligible for a MHS benefit on July 29, 1998. In November 1998, 11,613 surveys were mailed to beneficiaries age 65 or over. The first mailing was timed to coincide with the beginning of enrollment in the Medicare Subvention Demonstration. In January 1999, 193,072 surveys were mailed to beneficiaries under age 65. In March 1999, a second wave of surveys was sent to all beneficiaries who had not returned the questionnaire. In total, 70,690 surveys were completed and returned by the due date of June 11, 1999, for an overall response rate of 35 percent.

The total CONUS MHS sample included 175,683 adults. Overall, 63,481 CONUS MHS beneficiaries returned completed questionnaires by the due date, for a response rate of 37.7 percent.

Summary of Noteworthy Findings

Satisfaction with TRICARE

A clear and consistent picture emerges from the survey responses to questions on satisfaction with personal providers and health care at military and civilian facilities in CONUS MHS. First, TRICARE Prime enrollees are the least satisfied enrollment group. Second, beneficiaries age 65 and over, who are *not* enrolled in Prime, are the most satisfied with their health care. Third, there is a great disparity in satisfaction with military versus civilian health care among all CONUS MHS beneficiaries. Beneficiaries report greater satisfaction with CTFs than with MTFs in every CONUS MHS region. The average regional difference between MTF and CTF satisfaction is 21 percentage points. Overall, 86 percent of CONUS MHS beneficiaries “agree or strongly agree” that they are satisfied with CTFs, while only 65 percent report being satisfied with MTFs.

The following summarizes findings for TRICARE Prime enrollees and beneficiaries not enrolled in TRICARE Prime:

TRICARE Prime Enrollees

- TRICARE Prime enrollees, especially active duty personnel, are relatively dissatisfied with their health care compared with other TRICARE enrollment groups. When asked to rate their personal doctor or nurse on a scale from 0 to 10, ratings by TRICARE Prime enrollees were consistently the lowest in every CONUS MHS region. Active duty enrollees with a military PCM and non-active duty enrollees with a civilian PCM gave average an rating of 7.7, significantly lower than the 8.3 CONUS MHS average. The civilian benchmark is 8.1, taken from the Consumer Assessment of Health Plans Study (CAHPS) national benchmarking database , version 1, developed by The Picker Institute.
- When asked to rate their “health care from the facility they used the most”, TRICARE Prime enrollees also appear more dissatisfied than other enrollment groups. For example, while active duty enrollees rated MTFs 6.5 and CTFs 6.9, non-Prime beneficiaries age 65 or over rated them 8.7 and 8.6, respectively. The civilian benchmark is 8.0.
- Nevertheless, there is evidence that satisfaction with military care is improving among TRICARE Prime enrollees. Increasing proportions of Prime enrollees now say they “agree or strongly agree” with the statement, “I am satisfied with the health care that I received at military facilities”. From 1996 to 1998, the proportion rose from 56 percent to 65 percent for active duty enrollees and from 64 percent to 73 percent for non-active duty enrollees.
- During the same period, active duty enrollees became somewhat more dissatisfied with care at CTFs; satisfaction rates fell from 75 percent in 1996 to 70 percent in 1998.

Beneficiaries Not Enrolled in TRICARE Prime

- Beneficiaries age 65 or over, not enrolled in TRICARE Prime appear to be more satisfied with their personal doctor nurse and treatment facility than any other enrollment group. Non-Prime beneficiaries age 65 and over gave the highest ratings of all groups to their personal doctors at MTFs (8.7) and CTFs (8.6).
- However, satisfaction with military care, among non-Prime beneficiaries, may be declining. Among the age 65 or over group, the proportion who said they “agree or strongly agree” with the statement, “I am satisfied with the health care that I received at military facilities” dropped from 71 percent in 1996 to 63 percent in 1998. For those under age 65 and not enrolled in Prime, MTF satisfaction declined from 58 percent to 51 percent.
- Non-Prime beneficiaries appear to be quite satisfied with their care at civilian facilities. Between 1996 and 1998, satisfaction with CTFs rose from 84 percent to 89 percent, among beneficiaries under age 65, and from 84 percent to 91 percent among those age 65 or over.

Knowledge of and Satisfaction with Health Plan

A recognizable pattern appears from the survey findings on satisfaction with one's health plan and self-reports of TRICARE understanding. CONUS MHS beneficiaries who rely on their TRICARE coverage are less satisfied with their health plan than are beneficiaries who use Medicare or other health insurance. Furthermore, active duty Prime enrollees and Standard/Extra beneficiaries appear to be the most dissatisfied of TRICARE users.

Understanding of TRICARE is improving in every CONUS MHS region. Yet more than one in five MHS beneficiaries in every region still report that they have “no understanding” of TRICARE.

The following summarizes other findings in greater detail:

Satisfaction with Health Plan

- When asked to rate “the health care plan they used the most in the past 12 months” on a scale from 0 to 10, CONUS MHS beneficiaries gave their health plans an average rating of 6.6. The civilian benchmark is 7.3.
- CONUS MHS beneficiaries who rely on something other than TRICARE for health coverage (i.e., Medicare or other insurance) rate their health plans relatively highly. Medicare was rated 7.8 and “other insurance” was rated 7.5.
- Within the TRICARE users population, active duty Prime enrollees and Standard/Extra beneficiaries were the least satisfied group. Active duty enrollees under age 65 rated TRICARE Prime 5.5. Standard/Extra beneficiaries rated their health plan 5.8. Non-active duty Prime enrollees were somewhat more satisfied (6.5).

Knowledge and Understanding of TRICARE

- Understanding of TRICARE improved in every region between 1997 and 1998. Overall, the proportion of CONUS MHS beneficiaries who said they had “no understanding” of TRICARE dropped from 36 percent to 24.2 percent.
- The improvement was substantial in regions that were relatively new to TRICARE Prime in 1998. In Region 1, for example, the proportion of beneficiaries with “no understanding” dropped from 46 percent to 24 percent. There were large declines in Regions 2, 5, 7/8, and Alaska as well.
- Despite the improvement, more than 20 percent of beneficiaries in every region say they have “no understanding” of TRICARE.

Access to Health Care

Access to specialty care, in managed care settings, is at times a concern for the civilian population. It apparently is also an important concern of TRICARE CONUS MHS beneficiaries as well. The following summarizes noteworthy findings on access to specialty care, “necessary care”, and well-patient care as well as waits for routine care in doctors’ offices and clinics beyond scheduled appointment times.

Waiting times

- There is little regional variation in access to well-patient care among CONUS MHS regions. On average, nine out of ten (90 percent) CONUS MHS beneficiaries report a usual wait for well-patient visits of less than the 4-week TRICARE standard at both MTFs and CTFs. The proportion with less than a 4-week wait ranged from 82 percent of non Prime beneficiaries under age 65 who use MTFs to 92 percent of active duty Prime enrollees. Non-Prime beneficiaries age 65 or over regularly using a CTF was 92 percent.
- Non-Prime beneficiaries who regularly use civilian facilities appear to have easier access to well-patient visits than their peers who usually visit military facilities do.
- While it is relatively common for MHS beneficiaries to wait more than 30-minutes past their scheduled appointment time in a doctor’s office or clinic, this varies by region. Overall, 21 percent of CONUS MHS beneficiaries reported usually or always waiting more than 30 minutes to be seen in an MTF; 18 percent in a CTF.
- Approximately one-quarter (24 percent) of active duty Prime enrollees experienced waits at MTFs exceeding the 30-minute TRICARE standard.

Problems Getting Care

- When asked, “How much of a problem, if any, was it to get a referral to a specialist that you needed to see?” 26 percent of active duty Prime enrollees said it was a “big problem”. Similarly, 19 percent of non-active duty Prime enrollees and 14 percent of Standard/Extra users reported a “big problem”.
- Beneficiaries using Medicare (4 percent) or other insurance (5 percent) rarely reported problems in getting access to specialty care. Furthermore, only 3 percent of regular users of Medicare or other insurance reported a “big problem” getting access to “necessary care”.
- TRICARE Prime enrollees were also the most likely to report problems getting “necessary care” followed by TRICARE Standard/Extra enrollees. Thirteen percent of active duty and 10 percent of non-active duty TRICARE Prime enrollees said they had a “big problem” getting access to needed care, compared to 7 percent of Standard/Extra users.

Health Care Use

Emergency Room Use

- Overall, 12 percent of CONUS MHS beneficiaries reported using a military ER at least once in the past 12 months; 14 percent reported using a civilian ER.
- ER use differs considerably by enrollment status. TRICARE Prime enrollees clearly rely more on military ERs compared with civilian ERs. Twenty percent of active duty enrollees had at least one military emergency room visit, while only 6 percent had a civilian ER visit. Non-active duty enrollees reported similar rates of military and civilian ER use.
- Beneficiaries not enrolled in TRICARE Prime were just as likely as Prime enrollees to have an ER encounter but instead of military emergency visits, they reported civilian ER visits most frequently. Eighteen percent of non-Prime beneficiaries, under age 65, reported a civilian ER visit compared with 6 percent who had a military ER visit. Non-Prime beneficiaries age 65 or over reported similar rates of civilian and military ER use.

Military Pharmacies and Civilian Prescriptions

- Overall, 12 percent of CONUS MHS beneficiaries filled at least 7 civilian prescriptions at a MTF pharmacy.
- Relying on military pharmacies for civilian prescriptions is most common among retirees and their survivors or dependents age 65 or over; 27 percent obtained at least 7 civilian prescriptions at a military pharmacy. This compares with only 2 percent of active duty enrollees under age 65 and 6 percent of their dependents under age 65.

Use of Preventive Services

Most CONUS MHS regions performed very well compared to the nation's *Healthy People 2000 Goals* for early prenatal care; screening for breast cancer, cervical cancer, hypertension; and annual flu shots for persons age 65 and over. The following summarizes the findings for the selected preventive services.

- **Prenatal Care.** Overall, 92 percent of pregnant women in CONUS MHS reported first trimester prenatal care. Most CONUS MHS regions met the Healthy People 2000 goal that at least 90 percent of women receive prenatal care in their first trimester of pregnancy. Region 9's 95 percent first trimester care rate was significantly higher than all other CONUS MHS regions.
- **Breast Cancer Screening.** All the regions far exceeded the Healthy People 2000 goal that 60 percent of women, age 50 and over, be screened for breast cancer in the previous two years. The overall CONUS MHS screening rate was 87 percent. Women 50 and over in Region 3 had the highest breast cancer screening rate in the CONUS MHS, 91 percent.
- **Cervical Cancer Screening.** Eighty-nine percent of CONUS MHS women had a Pap smear in the past 3 years, exceeding the Healthy People 2000 goal of 85 percent. Almost all active duty women enrolled in TRICARE Prime with military PCMs had a Pap smear in the past 3 years (97 percent). Non-active duty Prime enrollees also had high screening rates (92 to 93 percent). In comparison, only 85 to 86 percent of female beneficiaries not enrolled in Prime had a Pap smear.
- **Hypertension Screening.** The proportion of CONUS MHS beneficiaries who had a blood pressure reading in the past 2 years and knew if their blood pressure was too high (92 percent) exceeds the Healthy People 2000 goal of 90 percent. Non-Prime beneficiaries age 65 or over reported the highest screening rate (96 percent).
- **Flu Shots.** Seventy-seven percent of CONUS MHS beneficiaries age 65 or over had flu shot in the past 12 months, far exceeding the Healthy People 2000 goal of 60 percent. While all the CONUS MHS regions met the Healthy People 2000 goal, Alaska's 64 percent rate is significantly less than the CONUS MHS average.
- **Prostate Disease Screening.** The American Cancer Society recommends annual screening for prostate disease for men age 50 and over. Within CONUS MHS, annual prostate screening rates averaged 66 percent. Prostate screening was most common in Region 1 (71 percent) and Region 3 (72 percent). Male beneficiaries in three CONUS MHS regions reported significantly lower screening rates than the CONUS MHS average: Region 7/8 (61 percent), Region 10 (57 percent), and Alaska (56 percent).

Performance Improvement Plan

This Performance Improvement Plan (PIP), was designed to identify which aspects of CONUS MHS services hold the greatest potential for improving beneficiaries' satisfaction with military health care. The survey findings indicate that there is widespread beneficiary concern with three critical and fundamental indicators of quality health care:

- **Access to health care whenever you need it.** In every CONUS MHS region, beneficiaries were relatively dissatisfied with their access to health care even though this was a factor they valued highly.
- **Access to a specialist if you need one.** In all but two CONUS MHS regions, beneficiaries viewed access to specialty care as an important feature of military health care services and also indicated that they were relatively dissatisfied with their access to specialists.
- **Ability to diagnose my health care problems.** On average, beneficiaries in every CONUS MHS region indicated relatively low confidence in the ability of the system to diagnose medical conditions. Beneficiaries also considered this aspect of military care to be important to their overall satisfaction.

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Chapter

1

Introduction

Overview of the Health Care Survey of DoD Beneficiaries (HCSDB)

The HCSDB is a large-scale survey of military health system (MHS) beneficiaries conducted annually by the Office of the Assistant Secretary of Defense/TRICARE Management Activity (TMA). It was congressionally mandated under the National Defense Authorization Act for fiscal year 1993 (P.L. 102-484) to ensure that the satisfaction of MHS beneficiaries with their health plan and health care would be regularly monitored. The survey was first fielded in 1995.

Research Objective

The purpose of the 1998 HCSDB was to address a wide range of issues concerning MHS beneficiaries' satisfaction with their health care. This report presents findings from the survey. The exhibits address the following key research questions.

- How *satisfied* are MHS beneficiaries with their health care and their health plan?
- How does overall satisfaction with military treatment facilities (MTFs) compare with satisfaction with civilian treatment facilities (CTFs)?
- Does *access* to military and civilian facilities meet TRICARE standards?
- Do beneficiaries understand TRICARE?
- Is beneficiaries' use of preventive health care services in line with national goals, such as those outlined in *Healthy People 2000*?
- What is the general physical and mental health status of MHS beneficiaries?
- Has beneficiaries' use of MHS services changed over time?
- What aspects of MHS care contribute most to beneficiary satisfaction with their health care experiences? With which aspects are beneficiaries least satisfied?

The HCSDB in Context with Other MHS Surveys

DoD conducts a number of consumer surveys related to the health and health care of MHS beneficiaries. However, only the HCSDB represents *all* MHS beneficiaries in the continental U.S., Alaska, and Hawaii (CONUS), and in Europe, Latin America, and Asia (OCONUS). It is also the only survey that reflects health care experiences at *both* MTFs and CTFs over a full 12-month period. Furthermore, no other DoD health-related survey collects information on the opinions and experiences of the overall MHS population, including active duty personnel and their families, retirees and their dependents, TRICARE Prime enrollees, Medicare beneficiaries, and MHS beneficiaries who chiefly rely on civilian providers and facilities despite having TRICARE benefits.

Other relevant DoD surveys include:

- **Health Enrollment/Evaluation Assessment Review (HEAR).** HEAR is a clinically oriented questionnaire completed by beneficiaries as they enroll in TRICARE Prime. The collection of health assessment data identifies individuals who have high risk factors for diseases, chronic conditions, and assesses the need for preventive or other medical services.
- **MTF Customer Satisfaction Survey.** This survey is mailed monthly to patients who were seen in the previous month at a MTF or freestanding clinic in the United States and Europe. The survey measures satisfaction with services received during a specific outpatient visit. Monthly reporting allows MTFs to be directly compared over time, with each other, and with civilian benchmarks.
- **Survey of Health-Related Behaviors among Military Personnel.** Conducted approximately every three years, this survey collects worldwide data only from active duty personnel on drug and alcohol use, fitness and cardiovascular disease risks, mental health, risk of injury, and other health-related behaviors.

Available Reports Based on the 1998 HCSDB

This is the National Executive Summary Report. The following four types of reports are based on the 1998 HCSDB. The reports can be obtained via the TRICARE website at <http://www.TRICARE.OSD.mil>.

- **Key Findings for Regions:** The 15 regional reports summarize selected 1998 HCSDB findings. There is a report for each region in CONUS and one for each overseas region. Regions 7 and 8 have a combined report. The regional reports are identical in design. Each contains 24 bar graphs, or exhibits, that show the survey findings for a given region. Findings are reported for active and non-active duty MHS beneficiaries who were enrolled in TRICARE Prime and MHS beneficiaries not participating in a TRICARE Prime health plan. Findings are also reported by age group (under age 65 or age 65 and over), type of PCM, and type of facility (military vs. civilian). Some exhibits also show comparisons of regional findings to overall CONUS MHS findings and to other regional findings. Lead Agents are encouraged to share this report with their staff members, MTF commanders, and other relevant officers with management responsibilities.

- **National Executive Summary Report:** This year's National Executive Summary Report of the HCSDB findings is the first of its kind. It mirrors the regional reports in design but covers the survey findings for all MHS beneficiaries residing within CONUS.
- **Summary Reports on Catchment Areas:** There are 15 catchment area reports. There is one for each region. The catchment reports are intended to give MTF commanders information specific to their particular catchment area. Similar to the regional reports, the catchment reports focus principally on active and non-active duty MHS beneficiaries enrolled in TRICARE Prime and MHS beneficiaries not participating in a TRICARE Prime health plan. Catchment findings are also presented by age group (under age 65 or age 65 and over), type of PCM, and type of facility (military vs. civilian).
- **Medicare Subvention Demonstration Report:** The Medicare Subvention Demonstration has been sponsored by TRICARE and the Health Care Financing Administration to test a new system for financing health care for military retirees and their dependents age 65 and over. Elderly beneficiaries in seven demonstration areas are eligible to participate in a TRICARE Senior Prime plan. This year's Medicare Subvention Demonstration Report presents baseline findings for MTFs participating in the demonstration. Exhibits in the report display beneficiaries' demographic characteristics, health status, health care utilization, health plan enrollment, knowledge of TRICARE, and satisfaction with military and civilian health care. Findings are presented for beneficiaries age 65 or over and under age 65 in each demonstration area and for beneficiaries age 65 or over in MHS areas that are not participating in the demonstration.

Methodology

Sample Selection, Fielding of the Survey, and Response Rates

The sample for the HCSDB was drawn from the Defense Enrollment Eligibility Reporting System (DEERS) database, which covered all persons eligible for a MHS benefit on July 29, 1998, including personnel activated for more than 30 days in the Army, Air Force, Navy, Marine Corps, Coast Guard, Commissioned Corps of the Public Health Service, National Oceanic and Atmospheric Administration, and National Guard or Reserve as well as other special categories of people who qualify for health benefits. DEERS covers active duty personnel and their families as well as retirees and their families.

In November 1998, 11,613 surveys were mailed to beneficiaries age 65 or over. In January 1999, 193,072 surveys were mailed to beneficiaries under age 65. The first mailing was timed to coincide with the beginning of enrollment in the Medicare Subvention Demonstration. In March 1999, a second wave of surveys was sent to all beneficiaries who had not returned the questionnaire. In total, 70,690 surveys were completed and returned by the due date of June 11, 1999, for an overall response rate of 35 percent.

The total CONUS MHS sample included 175,683 adults. Overall, 63,481 CONUS MHS beneficiaries returned completed questionnaires by the due date. The CONUS MHS response rate was 37.7 percent.

Questionnaire Topics

The HCSDB questionnaire was revised in 1998. A copy of the questionnaire, located in the back pocket of this binder, is also available at the TRICARE web site, <http://www.TRICARE.OSD.mil>. In 1998, some questions from earlier surveys were dropped, other questions were revised, and, for the first time, the survey included or adapted questions from the federally developed Consumer Assessment of Health Plans Study (CAHPS). CAHPS contains core and supplemental survey questions that are widely used by commercial health plans, the Health Care Financing Administration, state Medicaid programs, and other organizations to assess consumer satisfaction with their health coverage. CAHPS questions will ultimately allow us to compare the satisfaction of MHS beneficiaries with other insured populations.

The 1998 HCSDB covered a wide range of topics in the following nine sections:

- **Use of Health Care.** Focuses on the use of MTFs and CTFs in the past 12 months, including number of nights in an inpatient facility, outpatient visits, emergency room visits, and use of military pharmacies to fill prescriptions written by civilian providers.
- **Preventive Health Care.** Concerns beneficiaries' receipt of preventive services including prenatal care; flu shots; and screening for breast cancer, cervical cancer, hypertension, and prostate disease.
- **Understanding TRICARE.** Explores beneficiaries' understanding of TRICARE overall and of specific features of TRICARE Prime, Senior Prime, and Extra/Standard.
- **Health Plan.** Concerns enrollment in TRICARE Prime, Senior Prime, and Standard/Extra; coverage by supplemental insurance; attitudes toward Prime and Senior Prime; and out-of-pocket-costs.
- **Satisfaction with Health Plan.** Explores beneficiaries' experiences with the health plan they use the most; covers experiences with their personal doctor or nurse (including a PCM), specialty care, customer service, claims processing, and resolution of complaints or problems.
- **Access to Health Care.** Focuses on waiting times for well-patient, minor illness, and specialty care; access to emergency care; experiences calling for appointments and with long waits in office or clinic waiting rooms.
- **Satisfaction with Health Care.** Explores a wide range of indicators of beneficiaries' satisfaction with the health care they received in the past 12 months at the facility they used most often. Topics include getting help or advice via the telephone, getting care when needed, attitudes of doctor's office and clinic staff, and quality of care.
- **Your Health.** Uses the SF-12, a well-regarded multipurpose series of 12 questions that provides a generic measure of health status.

- **Facts about You.** Covers basic demographic information for beneficiaries, including income, marital status, age, education, and race/ethnicity.

Statistical Issues

Accuracy of the Survey Estimates

The results of any survey are not strictly precise. The statistics presented in this report are *estimates* of the true answers to the research questions, both because the survey is based on a sample, rather than on a census, of the entire DEERS population, and because some of the surveyed beneficiaries chose not to respond. In accordance with standard statistical practice, the survey estimates have been weighted to ensure that the survey findings represent all MHS beneficiaries. The survey design also allows us to evaluate the precision of the estimates.

The sample size of some small groups of MHS beneficiaries, such as pregnant women in a particular catchment area, may make it impossible to develop a reliable estimate of the group's survey response. In this report, any cell meeting one of the following conditions is defined as a small cell: (1) the overall population count for the cell is under 200, (2) the number of completed questionnaires in the cell is less than 20, or (3) the cell contains an estimated proportion greater than 10 percent, but the standard error is more than 30 percent of the estimate. For these cases, estimates are not provided but are either replaced by double stars (**) or combined with other sample cells so a reliable estimate may be calculated.

Case-Mix Adjustment

Some regional estimates in the regional and national HCSDB reports were adjusted to control for differences in the age and health status of the regions' beneficiary populations. This adjustment allows for "fairer" comparisons between regions. For instance, health status and age are often associated with patient reports about the quality of their health care. Compared with survey respondents in good health, survey respondents in poor health typically say they are less satisfied with the health care they receive. Older persons often report greater satisfaction with their health care than younger persons do. Thus, without adjustments for age and health status, regional differences in the survey estimates may actually reflect significant differences in the makeup of the population, such as a high proportion of retirees, rather than real variation in satisfaction with health care. Case-mix adjusted estimates in any exhibit in this report are clearly indicated.

Guide to Understanding the Survey Findings

Outcome and Explanatory Variables

The research questions that underlie the HCSDB, outlined on page 1 of this report, are key to understanding the survey findings presented in this report. These questions imply two types of basic, analytic variables: dependent, or *outcome*, variables and independent, or *explanatory* variables. Outcome variables are beneficiaries' responses to the various survey questions on satisfaction, health care access, knowledge of TRICARE, use of health care, preventive services, etc. Explanatory variables, such as enrollment in Prime or type of facility, may help to explain some of the variation in responses given by different groups of beneficiaries.

For example, Exhibit 2.1 shows how different groups of MHS beneficiaries rate their personal doctors. The exhibit addresses the question, "How do beneficiaries' ratings of their personal doctors and primary care managers (PCMs) (the outcome variables) differ by beneficiary category and type of PCM (the explanatory variables)?" In other words, is enrollment in TRICARE Prime or type of PCM related in some way to beneficiaries' level of satisfaction?

It is important to recognize that while some survey findings may *suggest* important differences in outcomes for different groups of MHS beneficiaries, one cannot conclude that these differences would persist after controlling for possible confounding variables not accounted for in the analysis, such as age, health status, sex, race and ethnicity, and others. More sophisticated statistical techniques, such as multivariate analysis, can yield more definitive conclusions about the possible impact of any one “explanatory” variable on a particular outcome.

Exhibits

All the exhibits in this report, except for the performance improvement plans in chapter 7, are presented as bar graphs. In the bar graphs, the outcome variables are represented by the vertical, or Y, axis. The explanatory variables are represented by the horizontal, or X, axis. For instance, in Exhibit 2.5, the height of a bar represents the percentage of beneficiaries who agree or strongly agree with the statement, “I am satisfied with the health care that I received at military (or civilian) facilities.” The X-axis displays the percent who “agree or strongly agree” that they are satisfied with MTFs or CTFs.

Many of the exhibits in this report focus on three principal groups of TRICARE beneficiaries: Prime enrollees under age 65, non-Prime beneficiaries under age 65, and non-Prime beneficiaries age 65 and over. While these exhibits report overall CONUS MHS findings by enrollment status, we also examined each regional report in order to identify and report any noteworthy regional patterns or variation in the outcome variables.

Senior Prime enrollees are excluded from these analyses because enrollment in Senior Prime was minimal when the 1998 HCSDB was fielded. See the *Medicare Subvention Demonstration Report* for extensive analyses of MHS beneficiaries at sites offering a Senior Prime health plan.

In selected bar graphs, upward-pointing arrows (↑) appear at the top of bars to indicate significantly *higher* rates or averages compared with CONUS MHS overall ($p < 0.05$). Downward-pointing arrows (↓) indicate *lower* rates or averages compared with CONUS MHS overall.

Differences in estimates are not described unless the findings are significantly different ($p < 0.05$).

Performance Standards

CAHPS Benchmarks

Exhibits 2.1, 2.2, and 3.2 present civilian benchmark data from the CAHPS national benchmarking database, version 1, developed by The Picker Institute. Civilian benchmarks indicate the ratings of personal doctors, health care, and health plans of the beneficiaries of a sample of civilian health plans. In these exhibits, HCSDB results are compared to the relevant civilian benchmark. The benchmarks are unweighted averages of the survey responses to the relevant CAHPS questions contributed to the benchmark database.

Preventive Care Benchmarks

In Chapter 6, Use of Preventive Services, the findings for MHS beneficiaries are compared with the federal government's *Healthy People 2000* goals for improving the nation's health (see *Healthy People 2000 Review 1997*, DHHS Publication No. PHS 98-1256). Since national goals for prostate disease screening have not been established, Exhibit 6.6 refers to the relevant American Cancer Society recommendation.

Chapter

2

Satisfaction with TRICARE

This chapter focuses on two critical indicators of MHS beneficiary satisfaction with TRICARE health care: satisfaction with one's personal doctor or nurse, including PCMs, and satisfaction with health care facilities (military or civilian). Information on these indicators is derived from the answers to two sets of survey questions:

- The first set of questions is new to the HCSDB. The questions in this set ask respondents to rate their personal doctor, nurse, PCM, or the facility they used the most "from 0 to 10, where 0 is the worst and 10 is the best". Results are reported in Exhibits 2.1 and 2.2.
- The second set of questions has been used in HCSDB surveys for several years. Questions in this set ask respondents how much they agree or disagree with the statement, "I am satisfied with the health care that I received at military (or civilian) facilities." Findings by enrollment status, for 1996 to 1998, are presented in Exhibits 2.3 and 2.4. Exhibit 2.5 shows the results by region.

Key Findings

A clear and consistent picture emerges from the survey responses to questions on satisfaction with personal providers and health care at military and civilian facilities in CONUS MHS. First, TRICARE Prime enrollees are the least satisfied enrollment group. Second, beneficiaries age 65 and over, who are *not* enrolled in Prime, are the most satisfied with their health care. Third, there is a great disparity in satisfaction with military versus civilian health care among all CONUS MHS beneficiaries. Beneficiaries report greater satisfaction with CTFs than with MTFs in every CONUS MHS region. The average regional difference between MTF and CTF satisfaction is 21 percentage points. Overall, 86 percent of CONUS MHS beneficiaries "agree or strongly agree" that they are satisfied with CTFs, while only 65 percent report being satisfied with MTFs.

The following summarizes other noteworthy findings for TRICARE Prime enrollees and beneficiaries not enrolled in TRICARE Prime:

TRICARE Prime Enrollees

- TRICARE Prime enrollees, especially active duty personnel, are relatively dissatisfied with their health care compared with other TRICARE enrollment groups. When asked to rate their personal doctor or nurse on a scale from 0 to 10, ratings by TRICARE Prime enrollees were consistently the lowest in every CONUS MHS region. Active duty enrollees with a military

PCM and non-active duty enrollees with a civilian PCM gave them an average rating of 7.7, significantly lower than the 8.3 CONUS MHS average. The civilian benchmark is 8.1.

- When asked to rate their “health care from the facility they used the most”, TRICARE Prime enrollees also appear more dissatisfied than other enrollment groups. For example, while active duty enrollees rated MTFs 6.5 and CTFs 6.9, non-Prime beneficiaries age 65 or over rated them 8.7 and 8.6, respectively. The civilian benchmark is 8.0.
- Nevertheless, there is evidence that satisfaction with military care is improving among TRICARE Prime enrollees. Increasing proportions of Prime enrollees now say they “agree or strongly agree” with the statement, “I am satisfied with the health care that I received at military facilities”. From 1996 to 1998, the proportion rose from 56 percent to 65 percent for active duty enrollees and from 64 percent to 73 percent for non-active duty enrollees.
- During the same period, active duty enrollees became somewhat more dissatisfied with care at CTFs; satisfaction rates fell from 75 percent in 1996 to 70 percent in 1998.

Beneficiaries Not Enrolled in TRICARE Prime

- Beneficiaries age 65 or over, not enrolled in TRICARE Prime appear to be more satisfied with their personal doctor or nurse and treatment facility than any other enrollment group. Non Prime beneficiaries age 65 or over gave the highest ratings of all groups to their personal doctors at MTFs (8.7) and CTFs (8.6).
- However, satisfaction with military care, among non-Prime beneficiaries, may be declining. Among the age 65 or over group, the proportion who said they “agree or strongly agree” with the statement, “I am satisfied with the health care that I received at military facilities” dropped from 71 percent in 1996 to 63 percent in 1998. For those under age 65 and not enrolled in Prime, MTF satisfaction declined from 58 percent to 51 percent.
- Non-Prime beneficiaries appear to be quite satisfied with their care at civilian facilities. Between 1996 and 1998, satisfaction with CTFs rose from 84 percent to 89 percent, among beneficiaries under age 65, and from 84 percent to 91 percent among those age 65 or over.

2.1 Average Ratings of Personal Doctor or Nurse, by Enrollment Status

Q.52: How do you rate your personal doctor or nurse now? (Using a scale from 0 to 10 where 0 is the worst and 10 is the best).



Population:

Beneficiaries with a personal doctor or nurse (including a PCM)

Sample size:

28,818

Vertical axis:

Average ratings of personal doctor or nurse from 0 to 10, where 0 is the worst and 10 is the best

Horizontal axis:

Active duty status, military or civilian PCM, TRICARE Prime enrollment, age, and CONUS MHS overall

What the exhibit shows:

- How CONUS MHS beneficiaries rate their personal doctor or nurse
- How TRICARE Prime enrollees rate their PCM
- Whether some groups of CONUS MHS beneficiaries are more satisfied with their PCM, personal doctor, or nurse than others

Findings:

When asked to rate their personal doctor or nurse on a scale from 0 to 10, CONUS MHS beneficiaries rated their providers 8.3. The civilian benchmark is 8.1.

Active duty enrollees with a military PCM and non-active duty enrollees with a civilian PCM gave their personal doctors a 7.7 rating, the lowest rating among enrollment groups and significantly lower than the CONUS MHS 8.3 average.

Personal doctors received their highest rating from non-Prime beneficiaries age 65 and over (8.7).

2.2 Average Ratings of Military and Civilian Treatment Facilities, by Enrollment Status

Q.96: How do you rate all your health care from the facility you used most in the last 12 months? (Using a scale from 0 to 10 where 0 is the worst and 10 is the best).



Population:

Beneficiaries who received care at a MTF or CTF in the past 12 months

Sample size:

55,566

Vertical axis:

Average ratings of MTFs and CTFs from 0 to 10, where 0 is the worst and 10 is the best

Horizontal axis:

Active duty status, TRICARE Prime enrollment, age, and CONUS MHS overall

What the exhibit shows:

- How CONUS MHS beneficiaries rate MTFs and CTFs
- Whether CONUS MHS beneficiaries are more or less satisfied with MTFs compared with CTFs
- Whether some groups of CONUS MHS beneficiaries are more satisfied with MTFs or CTFs compared with other beneficiaries

Findings:

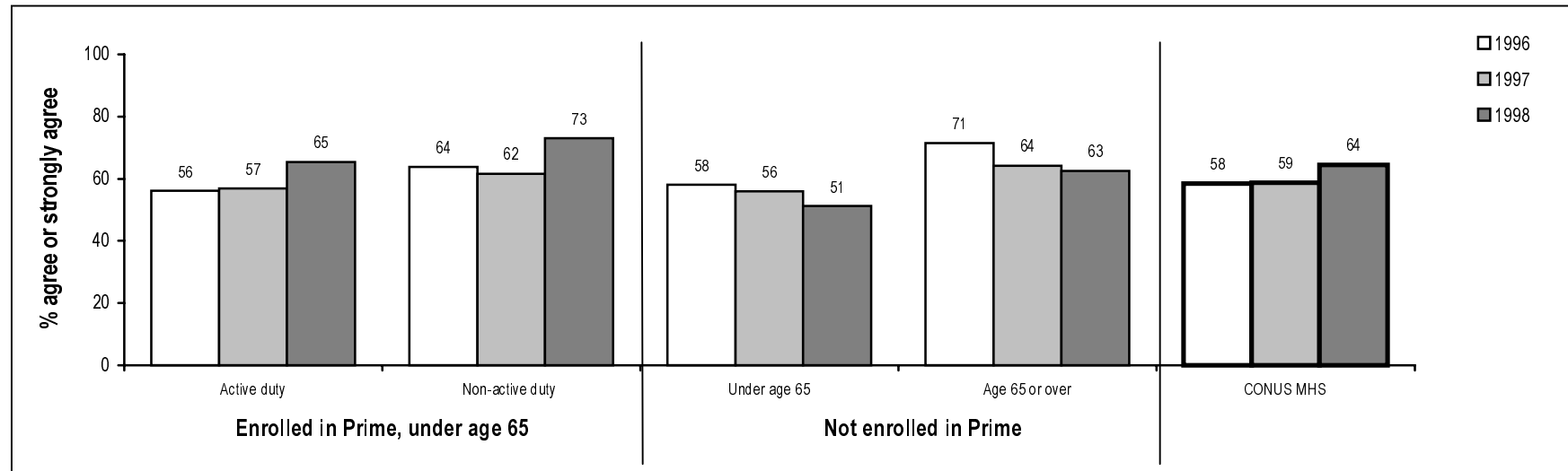
When asked to rate the facility they used the most, non-Prime beneficiaries age 65 and over were the only enrollment group that did not rate MTFs lower than CTFs. Overall, CONUS MHS beneficiaries gave MTFs a 7.0 rating; the corresponding CTF rating was 8.2. The civilian benchmark is 8.0.

Several enrollment groups gave the facility they used the most higher ratings than the CONUS MHS average. For example, non-Prime beneficiaries age 65 or over rated MTFs and CTFs 8.7 and 8.6, respectively.

TRICARE Prime enrollees were the least satisfied with the facility they used the most. Active duty enrollees rated MTFs 6.5 and CTFs 6.9. Non-active duty enrollees rated MTFs 7.4 and CTFs 7.6.

2.3 Satisfaction with Military Care, 1996 - 1998

Q.99a: How much do you agree or disagree with the statement: "I am satisfied with the health care that I received at military facilities"?



Population:

Beneficiaries who received care at a MTF in the past 12 months

Sample size:

1996 – 12,278
1997 – 38,267
1998 – 40,456

Vertical axis:

Percent who "agree or strongly agree" that they are satisfied with the health care they received at military facilities

Horizontal axis:

Active duty status, TRICARE Prime enrollment, age, and CONUS MHS overall

What the exhibit shows:

- Overall satisfaction with MTFs among different groups of CONUS MHS beneficiaries
- Whether some groups of CONUS MHS beneficiaries are more satisfied than other groups
- Whether satisfaction with MTFs improved from 1996 to 1998

Note: 1996 data were not available for regions 1-5, 7/8, and Alaska

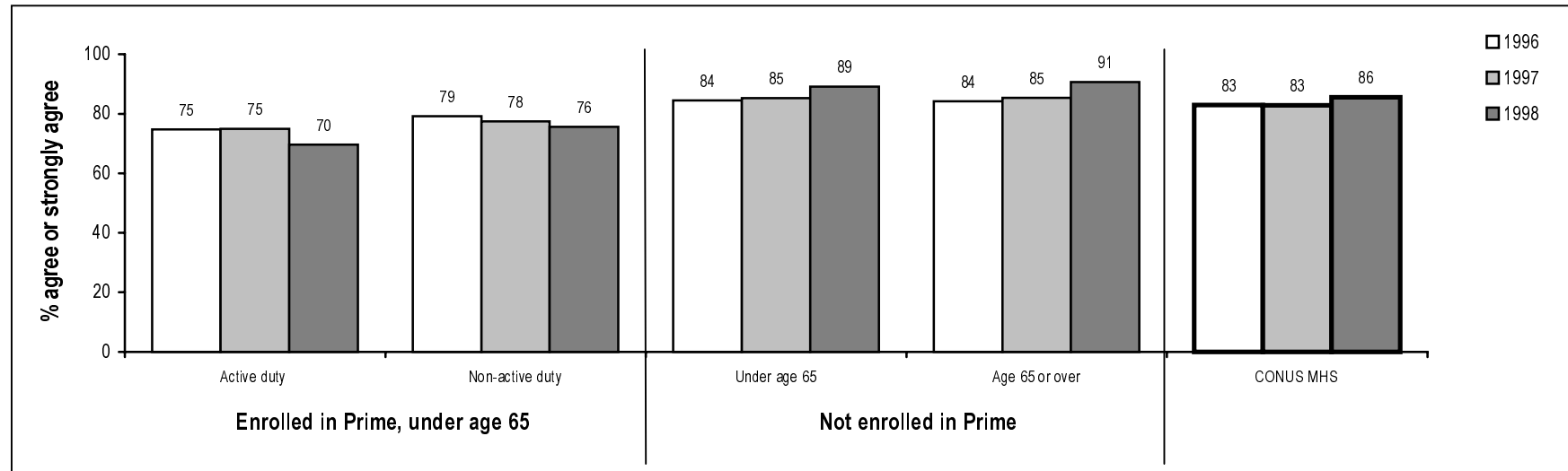
Findings:

The overall proportion of CONUS MHS beneficiaries who were satisfied with MTFs increased from 58 percent to 64 percent between 1996 and 1998.

From 1996 to 1998, MTF satisfaction rates took opposite directions among TRICARE Prime enrollees and non-Prime beneficiaries. The proportion of satisfied TRICARE Prime enrollees rose, whether active duty (from 56 percent to 65 percent) or non-active duty (from 64 percent to 73 percent). However, during the same period, the non-enrolled population became less satisfied with MTF care. Among beneficiaries age 65 or over, MTF satisfaction dropped from 71 percent to 63 percent. For those under age 65, MTF satisfaction declined from 58 percent to 51 percent.

2.4 Satisfaction with Civilian Care, 1996 - 1998

Q.103a: How much do you agree or disagree with the statement: "I am satisfied with the health care that I received at civilian facilities"?



Population:

Beneficiaries who received care at a CTF in the past 12 months

Sample size:

1996 – 13,875
1997 – 41,809
1998 – 29,222

Vertical axis:

Percent who "agree or strongly agree" that they are satisfied with the health care they received at civilian facilities

Horizontal axis:

Active duty status, TRICARE Prime enrollment, age, and CONUS MHS overall

What the exhibit shows:

- Overall satisfaction with CTFs among different groups of CONUS MHS beneficiaries
- Whether some groups of CONUS MHS beneficiaries are more satisfied than other groups
- Whether satisfaction with CTFs improved from 1996 to 1998

Findings:

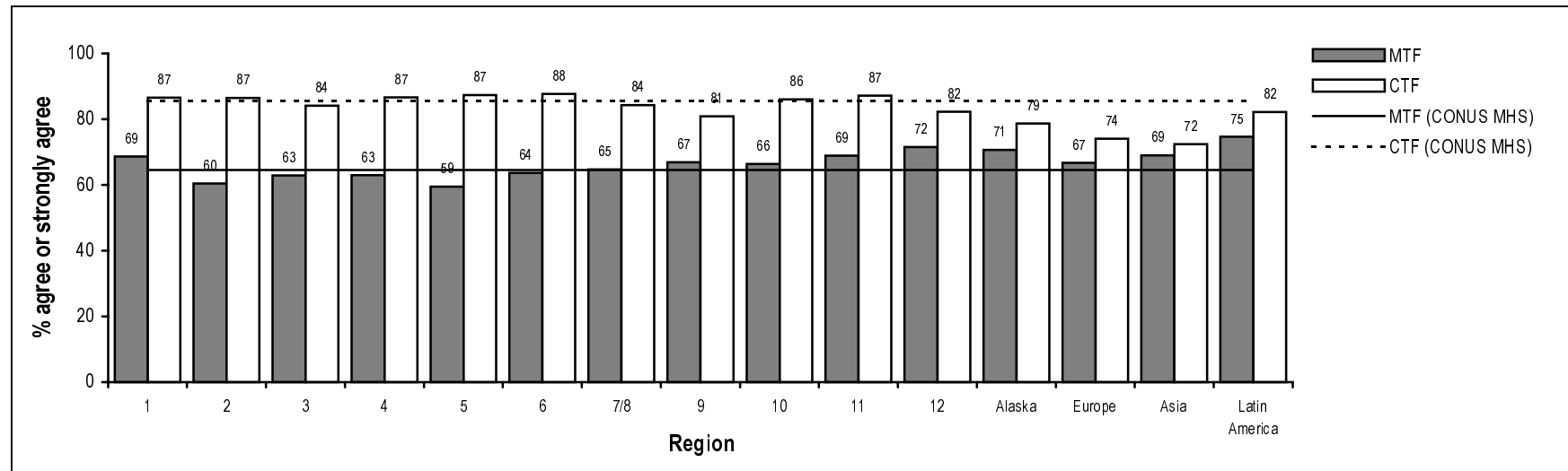
Overall satisfaction with civilian care increased slightly between 1996 and 1998, from 83 percent to 86 percent. From 1996 to 1998, CTF satisfaction rates took opposite directions among TRICARE Prime enrollees and non-Prime beneficiaries. The proportion of satisfied TRICARE Prime enrollees fell, whether active duty (from 75 percent to 70 percent) or non-active duty (from 79 percent to 76 percent).

During the same period, non-Prime beneficiaries became more satisfied with CTF care. Among beneficiaries age 65 or over, CTF satisfaction rose from 84 percent to 91 percent. For those under age 65, satisfaction increased from 84 percent to 89 percent.

2.5 Satisfaction with Military and Civilian Care, by Region

Q.99a: How much do you agree or disagree with the statement: "I am satisfied with the health care that I received at military facilities"?

Q.103a: How much do you agree or disagree with the statement: "I am satisfied with the health care that I received at civilian facilities"?



Population:

Beneficiaries who received care at a MTF or CTF in the past 12 months

Sample size:

61,097

Vertical axis:

Percent who "agree or strongly agree" that they are satisfied with MTFs or CTFs. Note that percentages are adjusted to control for regional differences in age and health status.

Horizontal axis:

All regions

What the exhibit shows:

- Satisfaction with MTFs and CTFs in each region and in CONUS MHS overall
- Whether MHS beneficiaries are more or less satisfied with MTFs compared with CTFs

Findings:

Beneficiaries reported greater satisfaction with CTFs than with MTFs in every CONUS MHS region. The differential was 20 percentage points or more in 5 regions: Regions 2, 3, 4, 5, and 6.

The average MTF vs. CTF satisfaction gap was 21 percentage points. While 86 percent of beneficiaries in the CONUS MHS "agree or strongly agree" that they are satisfied with CTFs, only 65 percent report being satisfied with MTFs.

Satisfaction with CONUS MHS military care ranged from 59 percent in Region 5 to 72 percent in Region 12.

Satisfaction with CONUS MHS civilian care ranged from 81 percent in Region 9 to 88 percent in Region 6.

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Chapter

3

Knowledge of and Satisfaction with Health Plan

This chapter explores MHS beneficiary satisfaction with the health plan they “used the most” in the past 12 months, including TRICARE Prime.

- Exhibit 3.1 shows how enrollees rated the health plan they used the most using a scale “from 0 to 10 where 0 is the worst and 10 is the best.” Also shown is the variation in ratings by type of health plan; TRICARE Prime, Standard/Extra, Medicare, or other insurance.
- Exhibit 3.2 shows how enrollees satisfaction with TRICARE Prime varies among regions controlling for regional differences in age and health status.
- Exhibit 3.3 shows how well beneficiaries felt they understood TRICARE in 1997 and 1998.

Key Findings

A recognizable pattern appears from the survey findings on satisfaction with one’s health plan and self-reports of TRICARE understanding. CONUS MHS beneficiaries who rely on their TRICARE coverage are less satisfied with their health plan than are beneficiaries who use Medicare or other health insurance. Furthermore, active duty Prime enrollees and Standard/Extra beneficiaries appear to be the most dissatisfied of TRICARE users.

Understanding of TRICARE is improving in every CONUS MHS region. Yet more than one in five beneficiaries in every region still report that they have “no understanding” of TRICARE.

The following summarizes other noteworthy findings in greater detail:

Satisfaction with Health Plan

- When asked to rate “the health care plan they used the most in the past 12 months” on a scale from 0 to 10, CONUS MHS beneficiaries gave their health plans an average rating of 6.6. The civilian benchmark is 7.3.
- In every CONUS MHS region, beneficiaries who rely on something other than TRICARE for health coverage (i.e., Medicare or other insurance) rate their health plans relatively highly. Medicare was rated 7.8 and “other insurance” was rated 7.5.

- Within the TRICARE users population, active duty Prime enrollees and Standard/Extra beneficiaries were the least satisfied group. Active duty enrollees under age 65 rated TRICARE Prime 5.5. Standard/Extra beneficiaries rated their health plan 5.8. Non-active duty Prime enrollees were somewhat more satisfied (6.5).

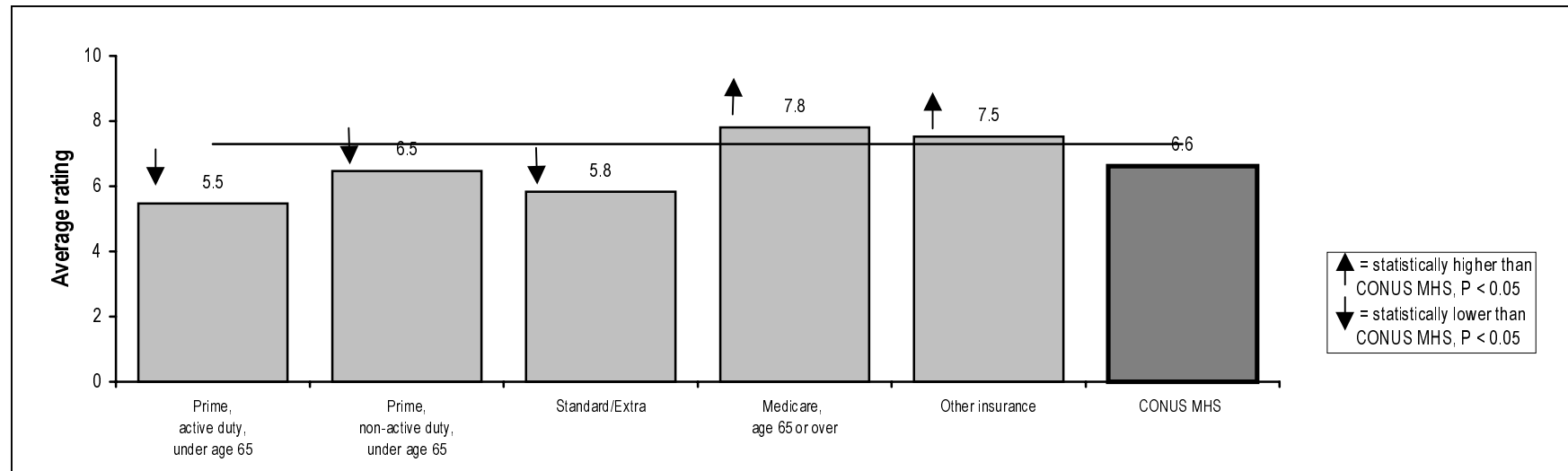
Knowledge and Understanding of TRICARE

- Understanding of TRICARE improved in every region between 1997 and 1998. Overall, the proportion of CONUS MHS beneficiaries who said they had “no understanding” of TRICARE dropped from 36 percent to 24.2 percent.
- The improvement was substantial in regions that were relatively new to TRICARE Prime in 1998. In Region 1, for example, the proportion of beneficiaries with “no understanding” dropped from 46 percent to 24 percent. There were large declines in Regions 2, 5, 7/8, and Alaska as well.
- Despite the improvement, more than 20 percent of beneficiaries in every region say they have “no understanding” of TRICARE.

3.1 Average Ratings of Health Plan, by Type of Health Plan Used Most Often

Q.50: Which health care plan did you use most in the last 12 months?

Q.73: How do you rate your health plan now? (Using a scale from 0 to 10 where 0 is the worst and 10 is the best.)



Population:

All beneficiaries

Sample size:

55,615

Vertical axis:

Average rating of health plan from 0 to 10, where 0 is the worst and 10 is the best

Horizontal axis:

Active duty status, TRICARE Prime enrollment, type of health plan, age, and CONUS MHS overall

What the exhibit shows:

- How beneficiaries in CONUS MHS rate the health plan they use the most
- Whether some health plans are more highly rated by CONUS MHS beneficiaries than other health plans

Findings:

When asked to rate the health plan they use the most on a scale from 0 to 10, CONUS MHS beneficiaries gave their health plans an average rating of 6.6. The civilian benchmark is 7.3.

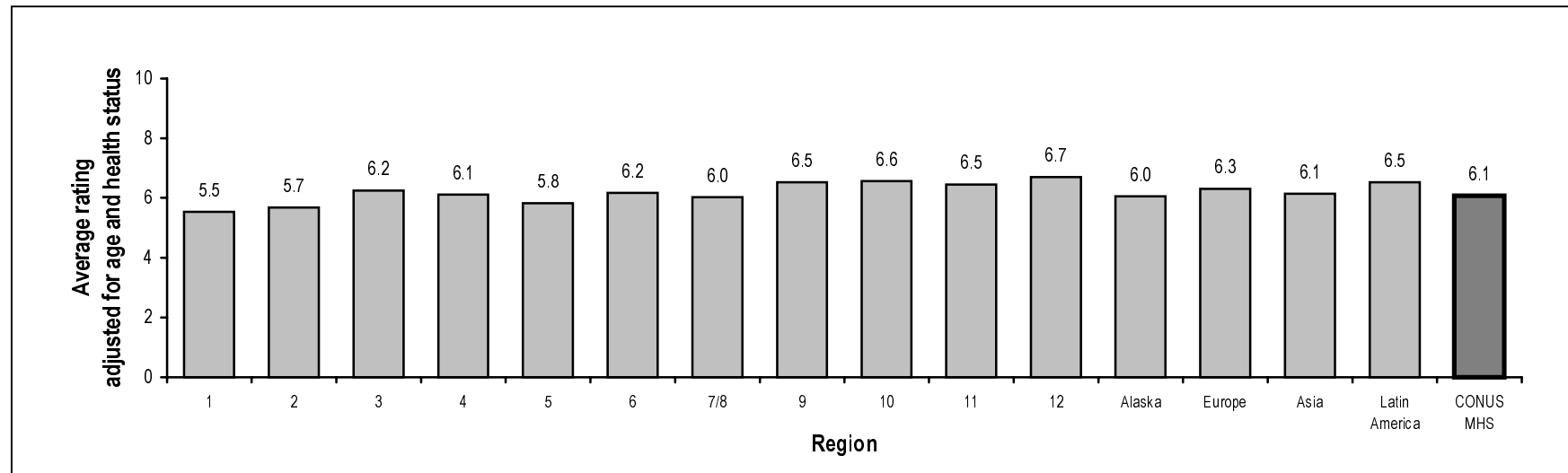
Beneficiaries who use Medicare or other insurance the most rate their health plans more highly than beneficiaries who use a TRICARE plan. Medicare was rated 7.8; "other insurance" was rated 7.5.

Active duty beneficiaries were the least satisfied enrollment group. Active duty enrollees under age 65 rated TRICARE Prime 5.5; their non-active duty counterparts in Prime were more satisfied (6.5). Standard/Extra beneficiaries rated their health plan 5.8.

3.2 Enrollees' Ratings of TRICARE Prime Adjusted for Age and Health Status, by Region

Q.50: Which health care plan did you use most in the last 12 months?

Q.73: We want to know your rating of all your experience with your health plan. How do you rate your health plan now? (Using a scale from 0 to 10 where 0 is the worst and 10 is the best.)



Population:

TRICARE Prime enrollees

Sample size:

43,132

Vertical axis:

Average ratings of TRICARE Prime from 0 to 10, where 0 is the worst and 10 is the best. Note that ratings are adjusted to control for regional differences in age and health status.

Horizontal axis:

All regions and CONUS MHS overall

What the exhibit shows:

- How TRICARE Prime enrollees rate their experience with TRICARE Prime
- Whether satisfaction with TRICARE Prime is higher in some regions than in others

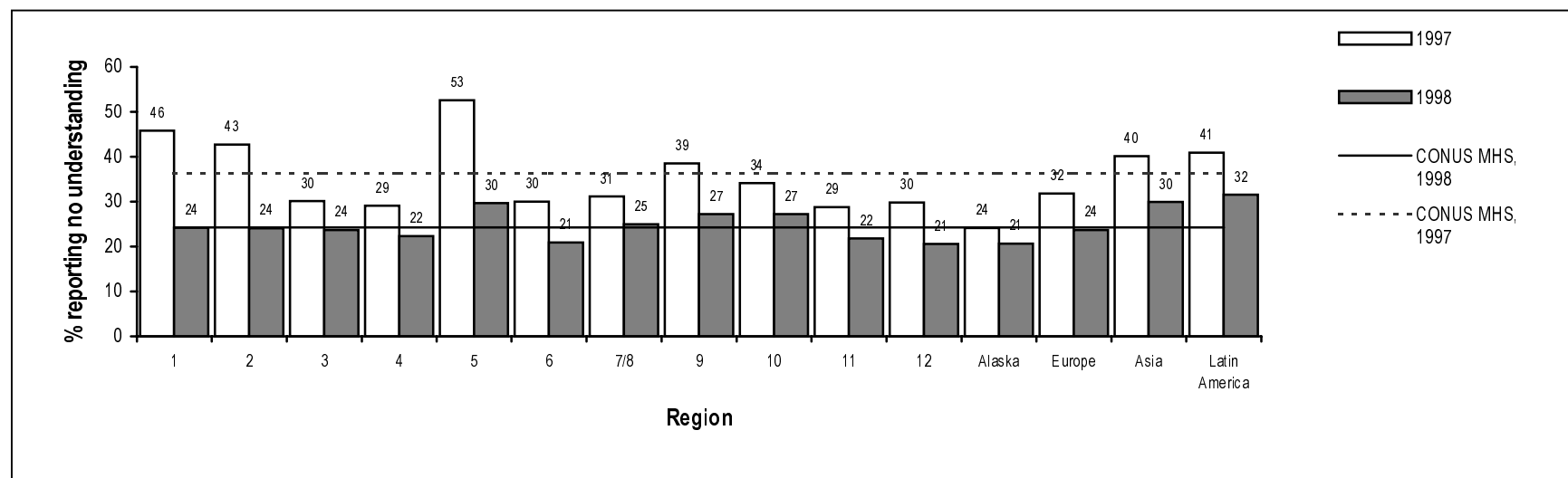
Findings:

On average, CONUS MHS TRICARE Prime enrollees rated their health plan 6.1.

There was little regional variation in satisfaction with TRICARE Prime, enrollees' ratings of Prime ranged from 5.5 in Region 1 to 6.7 in Region 12.

3.3 Beneficiaries Reporting No Understanding of TRICARE, by Region, 1997-1998

Q.32: How well do you feel you understand TRICARE overall?



Population:

All beneficiaries

Sample size:

1997 – 76,835

1998 – 66,192

Vertical axis:

Percent who report “no understanding” of TRICARE Prime. Note that percentages are adjusted to control for regional differences in age and health status.

Horizontal axis:

All regions

What the exhibit shows:

- How likely MHS beneficiaries are to report *not* understanding the TRICARE system
- If understanding of TRICARE has improved from 1997 to 1998

Findings:

Understanding of TRICARE improved in every region between 1997 and 1998. In Region 1, the improvement was substantial; the proportion of Region 1 beneficiaries with “no understanding” dropped from 46 percent to 24 percent. There were large declines in Regions 2 and 5 as well.

Despite the improvement, more than 20 percent of beneficiaries in every region say they have “no understanding” of TRICARE.

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Chapter

4

Access to Health Care

This chapter presents the findings on access to health care in the MHS. In the HCSDB, access was measured in terms of four basic indicators:

- **Waiting period for well-patient appointments**—TRICARE standards require that MHS beneficiaries be able to arrange for well-patient appointments in less than 4 weeks. Findings for active duty TRICARE Prime enrollees, non-active duty TRICARE Prime enrollees, and all other beneficiaries are presented by the type of facility they report using most often (MTF or CTF) (see Exhibit 4.1).
- **Waiting past scheduled appointment time in a doctor's office or clinic**—TRICARE standards also require that MHS beneficiaries *not* wait more than 30 minutes past the appointed time in a doctor's office or clinic for a scheduled routine care visit. Exhibit 4.2 shows the percentage of active duty TRICARE Prime enrollees, non-active duty TRICARE Prime enrollees, and other beneficiaries who report "usually or always" waiting more than 30 minutes. The results for MTFs and CTFs are shown separately.
- **Getting referrals to specialists**—This is the first year that the HCSDB asked respondents, "How much of a problem, if any, was it to get a referral to a specialist that you needed to see?" The percentage of respondents who replied that it was "a big problem", is shown in Exhibit 4.3 by type of health plan: TRICARE Prime (active duty and non-active duty), Standard/Extra, Medicare, or other insurance.
- **Getting care that the beneficiary or a doctor "believed necessary"**—The survey also asked, "How much of a problem, if any, was it to get the care you or a doctor believed necessary?" The percentage of respondents who replied that it was "a big problem" is shown by type of health plan in Exhibit 4.4.

Key Findings

Access to specialty care, in managed care settings, is at times a concern for the civilian population. It apparently is also an important concern of TRICARE CONUS MHS beneficiaries as well. The following summarizes noteworthy findings on access to specialty care, "necessary care", and well-patient care as well as waits for routine care in doctors' offices and clinics beyond scheduled appointment times.

Waiting times

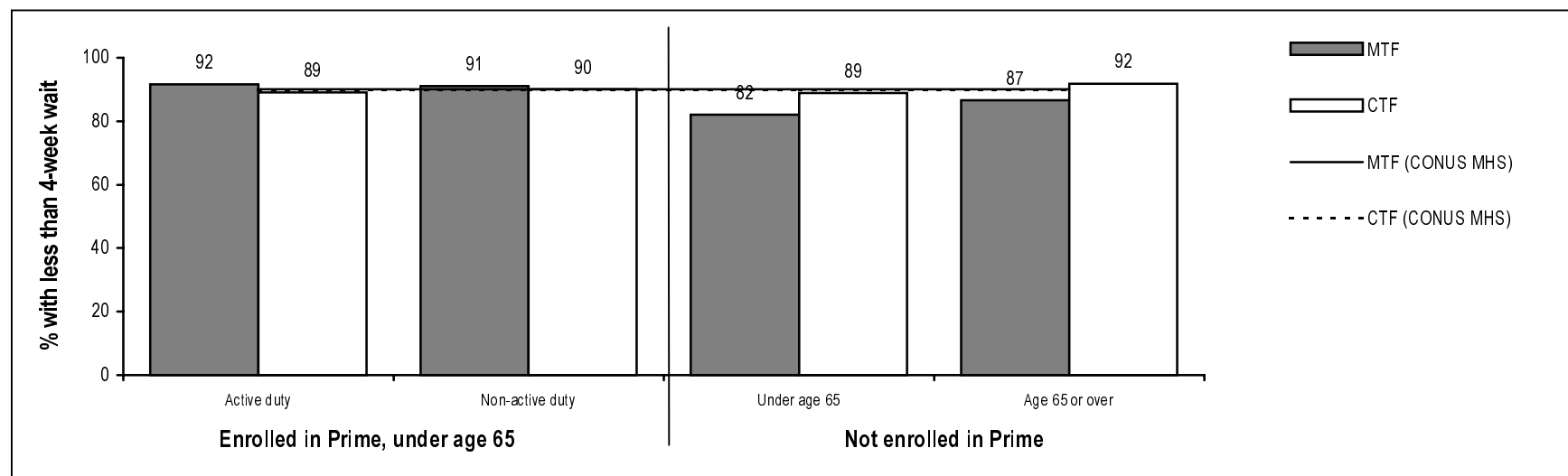
- **There is little regional variation in access to well-patient care among CONUS MHS regions.**
On average, nine out of ten (90 percent) CONUS MHS beneficiaries report a usual wait for well-patient visits of less than the 4-week TRICARE standard at both MTFs and CTFs. The proportion with less than a 4-week wait ranged from 82 percent of non-Prime beneficiaries under age 65 who use MTFs to 92 percent of active duty Prime enrollees. Non-Prime beneficiaries age 65 or over regularly using a CTF was 92 percent.
- Non-Prime beneficiaries who regularly use civilian facilities appear to have easier access to well-patient visits than their peers who usually visit military facilities do.
- **While it is relatively common for MHS beneficiaries to wait more than 30-minutes past their scheduled appointment time in a doctor's office or clinic, this varies by region.** Overall, 21 percent of CONUS MHS beneficiaries reported usually or always waiting more than 30 minutes to be seen in an MTF; 18 percent in a CTF.
- Approximately one-quarter (24 percent) of active duty Prime enrollees experienced waits at MTFs exceeding the 30-minute TRICARE standard.

Problems Getting Care

- When asked, "How much of a problem, if any, was it to get a referral to a specialist that you needed to see?" 26 percent of active duty Prime enrollees said it was a "big problem". Similarly, 19 percent of non-active duty Prime enrollees and 14 percent of Standard/Extra users reported a "big problem".
- Beneficiaries using Medicare (4 percent) or other insurance (5 percent) rarely reported problems in getting access to specialty care. Furthermore, only 3 percent of regular users of Medicare or other insurance reported a "big problem" getting access to "necessary care".
- TRICARE Prime enrollees were also the most likely to report problems getting "necessary care" followed by TRICARE Standard/Extra enrollees. Thirteen percent of active duty and 10 percent of non-active duty TRICARE Prime enrollees said they had a "big problem" getting access to needed care, compared to 7 percent of Standard/Extra users.

4.1 Waiting Period for Well-Patient Visits, by Enrollment Status and Type of Facility

Q.77a: How many weeks did you usually have to wait between the time you made an appointment for care and the day you actually saw the provider...for a well-patient visit, such as a physical?



Population:

Beneficiaries who received care at an MTF or CTF in the past 12 months

Sample size:

42,678

Vertical axis:

Percent who reported waiting less than 4 weeks for a well-patient visit

Horizontal axis:

Active duty status, TRICARE Prime enrollment, and age

What the exhibit shows:

- Whether TRICARE Prime enrollees are more likely than other CONUS MHS beneficiaries to get well-patient appointments within four weeks
- Whether waiting time for a well-patient appointment varies by enrollment status, enrollee type and age
- Whether well-patient appointments at MTFs are more likely to be available within 4 weeks compared with CTFs

Findings:

Ninety percent of CONUS MHS beneficiaries report getting well-patient visits in less than the 4-week TRICARE standard at both MTFs and CTFs. The proportion ranged from 82 percent of non-Prime beneficiaries under age 65 who regularly use MTFs to 92 percent of active duty Prime enrollees. Non-Prime beneficiaries age 65 or over regularly using a CTF was 92 percent.

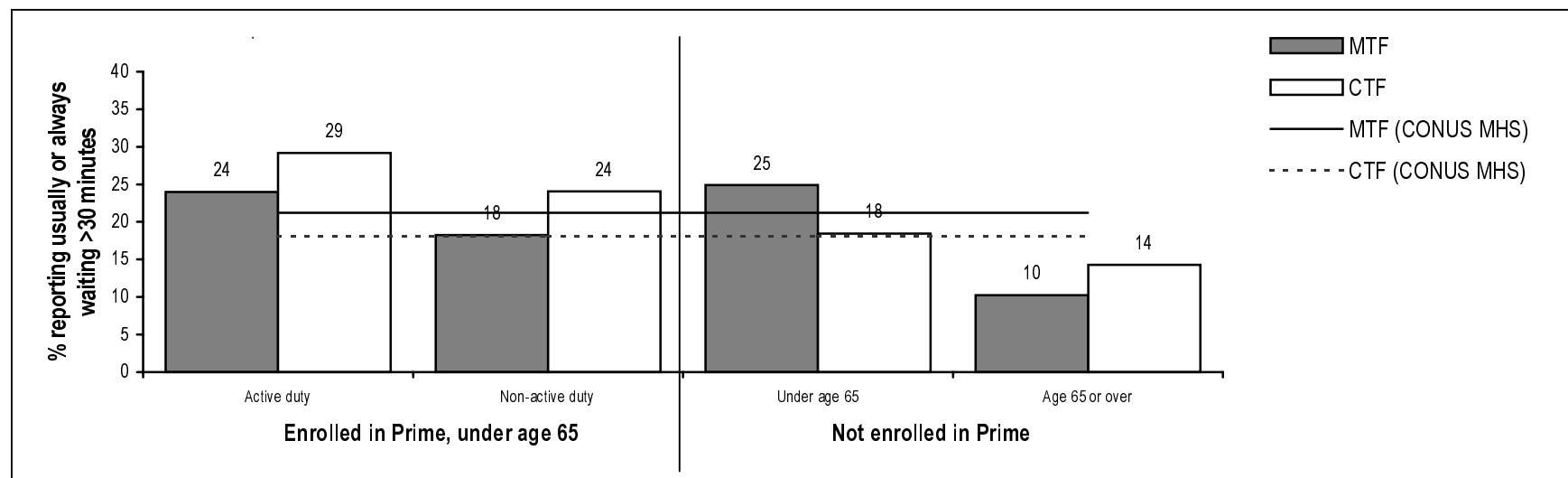
There was no significant difference in access to well-patient care at MTFs and CTFs among TRICARE Prime enrollees. Ninety-two percent of active duty Prime enrollees arranged well-patient visits at MTFs in less than 4 weeks; the corresponding rate at CTFs was 89 percent.

Beneficiaries not enrolled in TRICARE Prime were more likely to get a well-patient visit within 4 weeks at a CTF than at a MTF.

4.2 Waiting More Than 30 Minutes in Doctor's Office or Clinic, by Enrollment Status and Type of Facility

Q.74: What type of facility did you go to most often for health care or advice on health care?

Q.83: How often did you wait in the doctor's office or clinic more than 30 minutes past your appointment time for routine care?



Population:

Beneficiaries who received care at a MTF or CTF in the past 12 months

Sample size:

53,557

Vertical axis:

Percent who "usually or always" wait more than 30 minutes past scheduled appointment time

Horizontal axis:

Active duty status, TRICARE Prime enrollment, and age

What the exhibit shows:

- If TRICARE Prime enrollees are more likely than other CONUS MHS beneficiaries to wait more than 30 minutes for routine scheduled appointments
- If MHS beneficiaries are more likely to wait more than 30 minutes for scheduled appointments at MTFs compared with CTFs

Findings:

Twenty-one percent of CONUS MHS beneficiaries reported usually or always waiting more than 30 minutes to be seen in an MTF; 18 percent in a CTF.

Roughly one-quarter (24 percent) of active duty TRICARE Prime enrollees experienced long waits in MTFs. An even higher percentage of active duty Prime enrollees (29 percent) waited more than 30 minutes in CTFs.

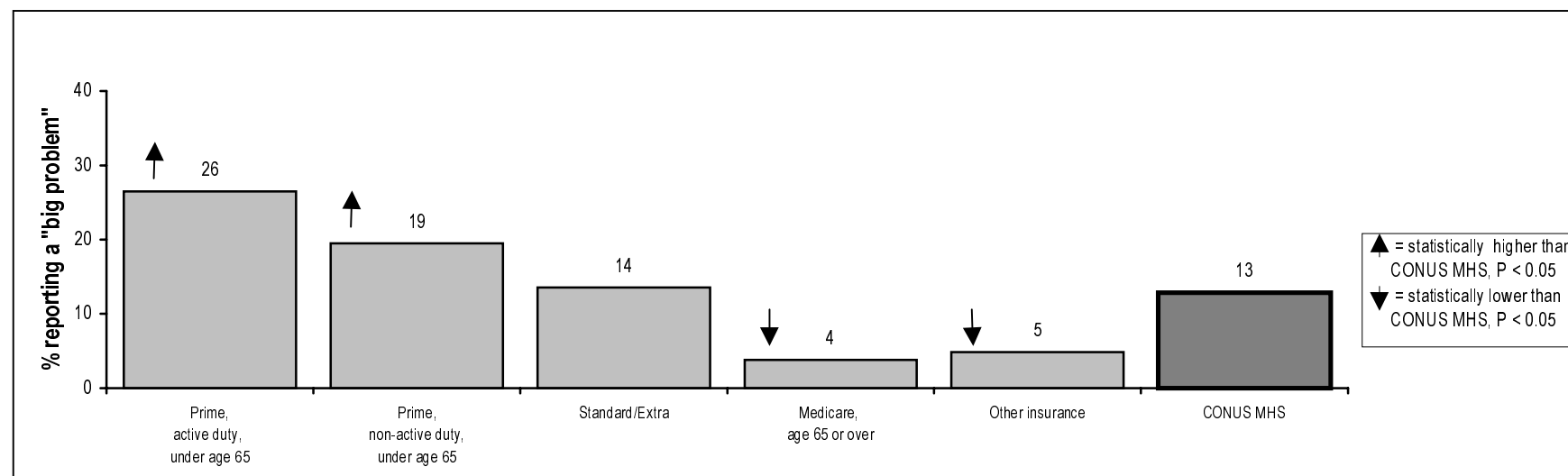
Beneficiaries age 65 or over were the least likely to report long waits in both MTFs (10 percent) and CTFs (14 percent).

4.3 Problems Getting Referrals to Specialists, by Type of Health Plan

Q.50: Which health care plan did you use most in the last 12 months?

Q.53: In the last 12 months, did you or a doctor think you needed to see a specialist?

Q.54: How much of a problem, if any, was it to get a referral to a specialist that you needed to see?



Population:

Beneficiaries who needed to see a specialist in the past 12 months

Sample size:

27,124

Vertical axis:

Percent who said they had a "big problem" getting a referral to a specialist

Horizontal axis:

Active duty status, TRICARE Prime enrollment, type of health plan, age, and CONUS MHS overall

What the exhibit shows:

- Whether MHS beneficiaries are more likely to have problems getting specialty referrals in some health plans compared with other health plans

Findings:

Overall, 13 percent of CONUS MHS beneficiaries reported having a "big problem" getting referrals to specialists.

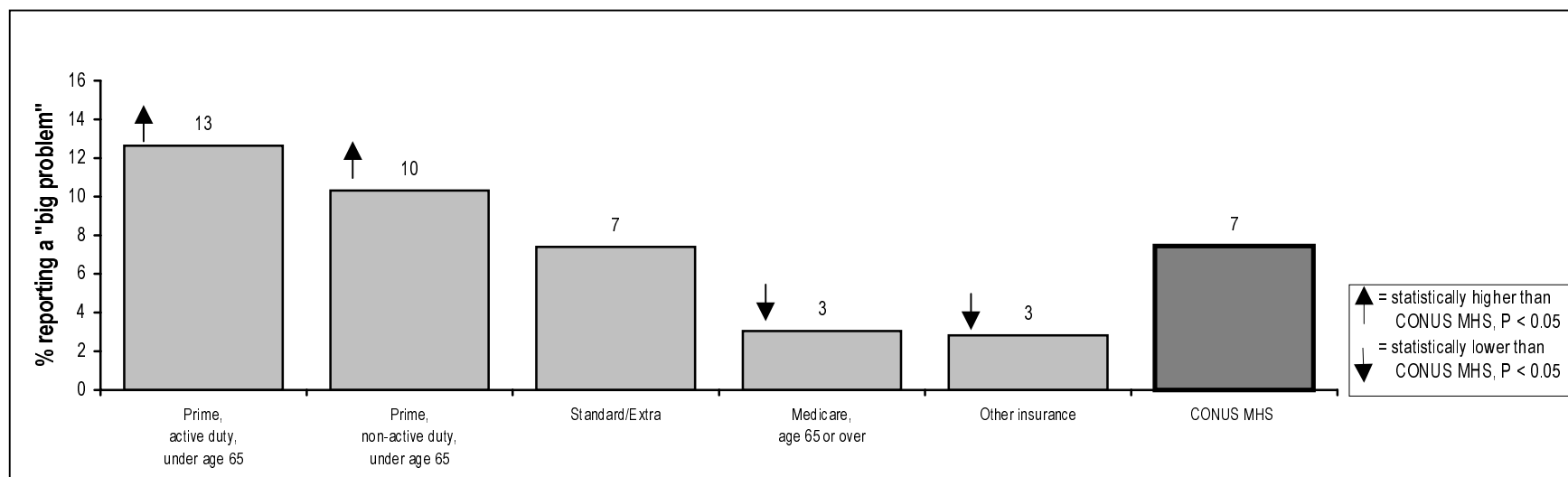
Access to specialty care appears most problematic among TRICARE Prime enrollees. More than one in four (26 percent) of active duty Prime enrollees reported having a "big problem". Nineteen percent of non-active duty Prime enrollees reported a "big problem".

Beneficiaries using Medicare (4 percent) or other insurance (5 percent) were much less likely than other TRICARE beneficiaries to report problems in getting access to specialist care.

4.4 Problems Getting Necessary Care, by Type of Health Plan

Q.50: Which health plan did you use most in the last 12 months?

Q.59: How much of a problem, if any, was it to get the care you or a doctor believed necessary?



Population:

Beneficiaries who received care at a MTF or CTF in the past 12 months

Sample size:

49,909

Vertical axis:

The percent who said they had a "big problem" getting necessary care

Horizontal axis:

Active duty status, TRICARE Prime enrollment, type of health plan, age, and CONUS MHS overall

What the exhibit shows:

- Whether CONUS MHS beneficiaries in some health plans are more likely to have problems getting care compared with other health plans

Findings:

TRICARE Prime enrollees are the most likely to report problems getting "necessary care" followed by TRICARE Standard/Extra enrollees.

Thirteen percent of active duty and 10 percent of non-active duty TRICARE Prime enrollees said they had a "big problem" getting access to needed care, compared to 7 percent of Standard/Extra users.

Only 3 percent beneficiaries using Medicare or other insurance reported a "big problem".

Chapter

5

Health Care Use

This chapter presents summary data on emergency room use and use of military pharmacies to fill civilian prescriptions.

- **Emergency Room (ER) Utilization**—ER use is often viewed as an indicator of poor access to routine care. This exhibit shows the percentage of MHS beneficiaries who report at least one visit to a military or civilian emergency room in the past 12 months. Findings for active duty TRICARE Prime enrollees, non-active duty TRICARE Prime enrollees, and all other CONUS MHS beneficiaries are presented by the type of facility (MTF or CTF) (See Exhibit 5.1).
- **Military Pharmacies and Civilian Prescriptions**—Earlier surveys have found that a substantial portion of MHS beneficiaries use military pharmacies to obtain prescriptions drugs that were ordered by a civilian provider. This year, the analysis focuses on those with higher usage, that is, the percentage of the population who had a military pharmacy fill at least seven prescription ordered by a civilian provider (see Exhibit 5.2).

Key Findings

Emergency Room Use

- Overall, 12 percent of CONUS MHS beneficiaries reported using a military ER at least once in the past 12 months; 14 percent reported using a civilian ER.
- ER use differs considerably by enrollment status. TRICARE Prime enrollees clearly rely more on military ERs compared with civilian ERs. Twenty percent of active duty enrollees had at least one military emergency room visit, while only 6 percent had a civilian ER visit. Non-active duty enrollees reported similar rates of military and civilian ER use.

- Beneficiaries not enrolled in TRICARE Prime were just as likely as Prime enrollees to have an ER encounter but instead of military emergency visits, they reported civilian ER visits most frequently. Eighteen percent of non-Prime beneficiaries, under age 65, reported a civilian ER visit compared with 6 percent who had a military ER visit. Non-Prime beneficiaries age 65 or older reported similar rates of civilian and military ER use.

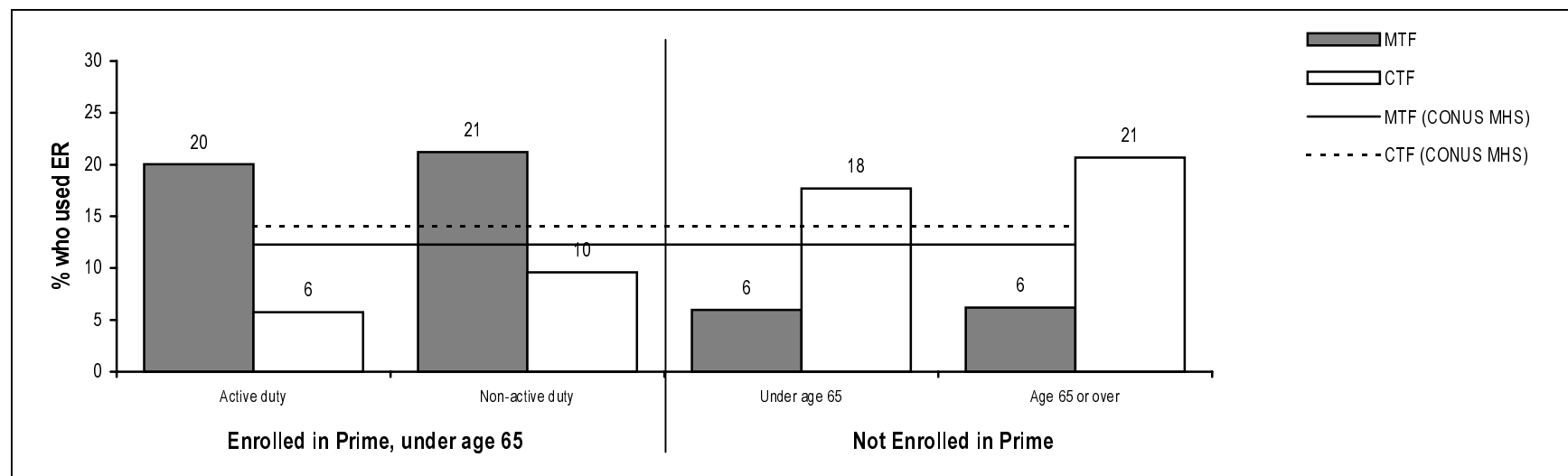
Military Pharmacies and Civilian Prescriptions

- Overall, 12 percent of CONUS MHS beneficiaries filled at least 7 civilian prescriptions at a MTF pharmacy.
- Relying on military pharmacies for civilian prescriptions is most common among retirees and their survivors or dependents age 65 or over; 27 percent obtained at least 7 civilian prescriptions at a military pharmacy. This compares with only 2 percent of active duty enrollees under age 65 and 6 percent of their dependents under age 65.

5.1 Population with One or More Visits to a Military or Civilian Emergency Room, by Enrollment Status

Q.11: How many times did you go to a military emergency room to get care for yourself?

Q.13: How many times did you go to a civilian emergency room for your own care?



Population:

All beneficiaries

Sample size:

58,958

Vertical axis:

Percent who had at least one emergency room visit to a military or civilian facility

Horizontal axis:

Active duty status, TRICARE Prime enrollment, and age

What the exhibit shows:

- Whether TRICARE Prime enrollees are more likely to use an emergency room compared with other CONUS MHS beneficiaries
- Whether use of MTF emergency rooms is greater than use of CTF emergency rooms

Findings:

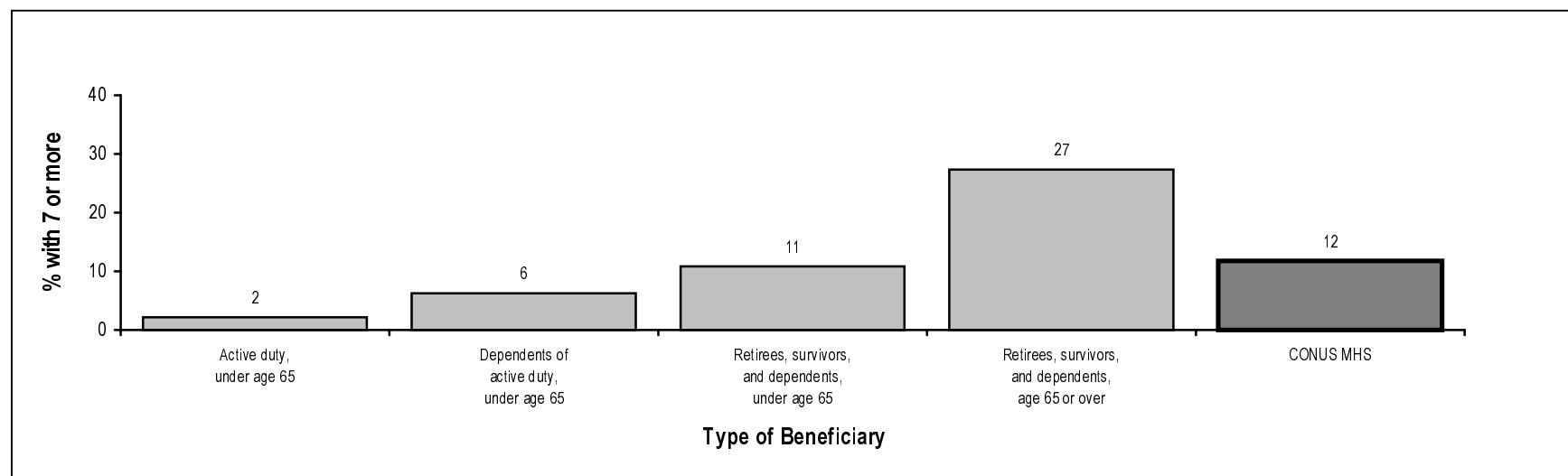
Twelve percent of CONUS MHS beneficiaries reported using an MTF emergency room at least once in the past 12 months; 14 percent reported using a CTF emergency room.

TRICARE Prime enrollees used MTF emergency rooms more frequently than CTF emergency rooms; 20 percent of active duty enrollees had at least one MTF emergency room visit compared with 6 percent with visits to a CTF emergency room.

Use of MTF emergency rooms ranged from 6 percent by non-Prime beneficiaries to 21 percent by non-active duty TRICARE Prime enrollees. Use of CTF emergency rooms ranged from 6 percent by active duty beneficiaries to 21 percent by non-active duty enrollees and non-Prime beneficiaries (age 65 and over).

5.2 Use of Military Pharmacies to Fill Prescriptions Written by a Civilian Provider, by Type of Beneficiary

Q.14: *How many prescriptions did you have that were written by a civilian provider but were filled with a military pharmacy?*



Population:

All beneficiaries

Sample size:

58,537

Vertical axis:

Percent who reported getting 7 or more civilian provider prescriptions (or refills) from a military pharmacy

Horizontal axis:

Type of beneficiary and CONUS MHS

What the exhibit shows:

- Whether beneficiaries in CONUS MHS frequently use military pharmacies to fill civilian prescriptions
- Whether some groups of CONUS MHS beneficiaries are more likely than others to fill civilian prescriptions at military pharmacies

Findings:

Twelve percent of CONUS MHS beneficiaries filled at least 7 civilian prescriptions at a MTF pharmacy.

Relying on military pharmacies for civilian prescriptions is most common among retirees and their survivors or dependents age 65 or over; 27 percent obtained at least 7 civilian prescriptions at a military pharmacy. This compares with only 2 percent of active duty under 65 and 6 percent of active duty dependents under age 65.

Chapter

6

Use of Preventive Services

This chapter analyzes a series of survey questions that asked MHS beneficiaries to report their use of selected preventive services: prenatal care in the first trimester of pregnancy, breast and cervical cancer screening, flu shots among the elderly, and screening for hypertension and prostate disease.

The findings for MHS beneficiaries are compared with the federal government's *Healthy People 2000* goals for improving the nation's health (see *Healthy People 2000 Review 1997*, DHHS Publication No. PHS 98-1256). The Healthy People 2000 goals are indicated by hatched lines; findings for CONUS MHS overall are indicated by solid lines.

Exhibits 6.1, 6.2, 6.5, and 6.6, show regional variation in the use of prenatal care, screening for breast cancer screening and prostate disease, and flu shots. Exhibits 6.3 and 6.4 show results for cervical cancer and hypertension screening for active duty Prime enrollees, non-active duty Prime enrollees, and all other beneficiaries.

Since national goals for prostate disease screening have not been established, a hatched line does not appear in Exhibit 6.6. However, the prostate findings can be assessed with respect to the American Cancer Society recommendation that men age 50 and over be screened annually for prostate disease.

Key Findings

Most CONUS MHS regions performed very well compared to the nation's *Healthy People 2000 Goals* for early prenatal care; screening for breast cancer, cervical cancer, hypertension; and annual flu shots for persons age 65 and over. The following summarizes the findings for the selected preventive services.

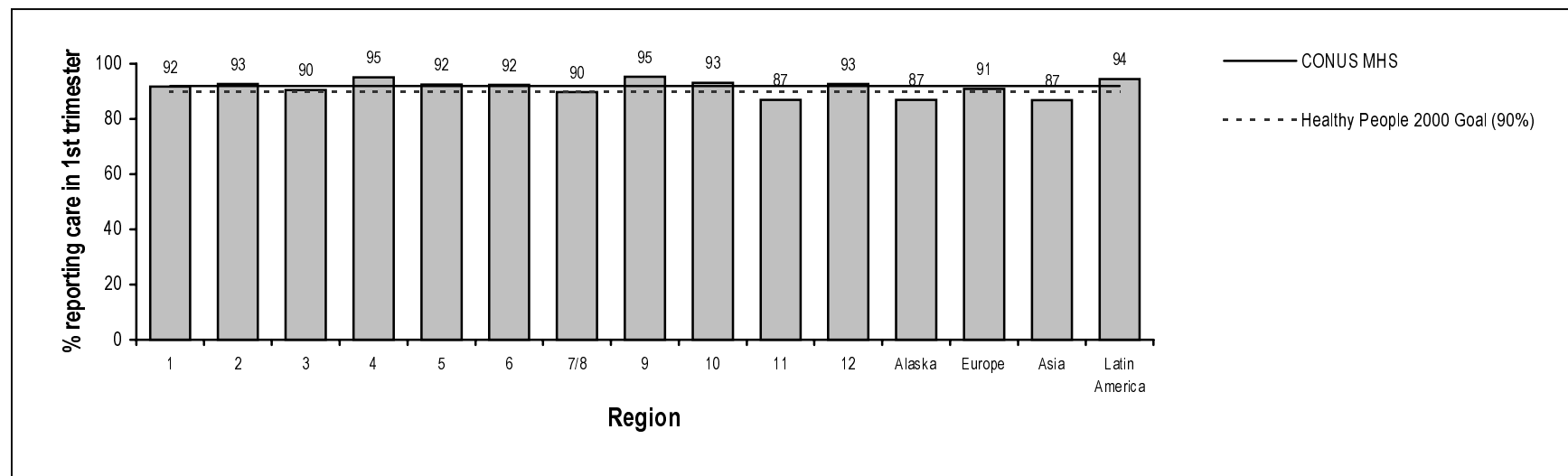
- **Prenatal Care.** Overall, 92 percent of pregnant women in CONUS MHS reported first trimester prenatal care. Most CONUS MHS regions met the Healthy People 2000 goal that at least 90 percent of women receive prenatal care in their first trimester of pregnancy. Region 9's 95 percent first trimester care rate was significantly higher than all other CONUS MHS regions.
- **Breast Cancer Screening.** All the regions exceeded the Healthy People 2000 goal that 60 percent of women, age 50 and over, be screened for breast cancer in the previous two years. The overall CONUS MHS screening rate was 87 percent. Women 50 and over in Region 3 had the highest breast cancer screening rate in the CONUS MHS, 91 percent.
- **Cervical Cancer Screening.** Eighty-nine percent of CONUS MHS women had a Pap smear in the past 3 years, exceeding the Healthy People 2000 goal of 85 percent. Almost all active duty women enrolled in TRICARE Prime with military PCMs had a Pap smear in the past 3 years (97 percent). Non-active duty Prime enrollees also had high screening rates (92 to 93

percent). In comparison, only 85 to 86 percent of female beneficiaries not enrolled in Prime had a Pap smear.

- **Hypertension Screening.** The proportion of CONUS MHS beneficiaries who had a blood pressure reading in the past 2 years and knew if their blood pressure was too (92 percent) exceeds the Healthy People 2000 goal of 90 percent. Non-Prime beneficiaries age 65 or over reported the highest screening rate (96 percent).
- **Flu Shots.** Seventy-seven percent of CONUS MHS beneficiaries age 65 or over had flu shot in the past 12 months, far exceeding the Healthy People 2000 goal of 60 percent. While all the CONUS MHS regions met the Healthy People 2000 goal, Alaska's 64 percent rate is significantly less than the CONUS MHS average.
- **Prostate Disease Screening.** The American Cancer Society recommends annual screening for prostate disease for men age 50 and over. Within CONUS MHS, annual prostate screening rates averaged 66 percent. Prostate screening was most common in Region 1 (71 percent) and Region 3 (72 percent). Male beneficiaries in three CONUS MHS regions reported significantly lower screening rates than the CONUS MHS average: Region 7/8 (61 percent), Region 10 (57 percent), and Alaska (56 percent).

6.1 Timing of First Prenatal Care, by Region

Q.31: When during your pregnancy did you first begin receiving prenatal care from a doctor or other health care professional?



Population:

Female beneficiaries age 18 and over who reported being pregnant "now" or in the past 12 months

Sample size:

3,121

Vertical axis:

Percent who had prenatal care in their first trimester of pregnancy

Horizontal axis:

All regions

What the exhibit shows:

- The percentage of pregnant women who had a prenatal visit during their first trimester of pregnancy
- Whether access to prenatal care varies by region
- Whether each region meets the Healthy People 2000 goal that at least 90 percent of pregnant women get care in their first trimester

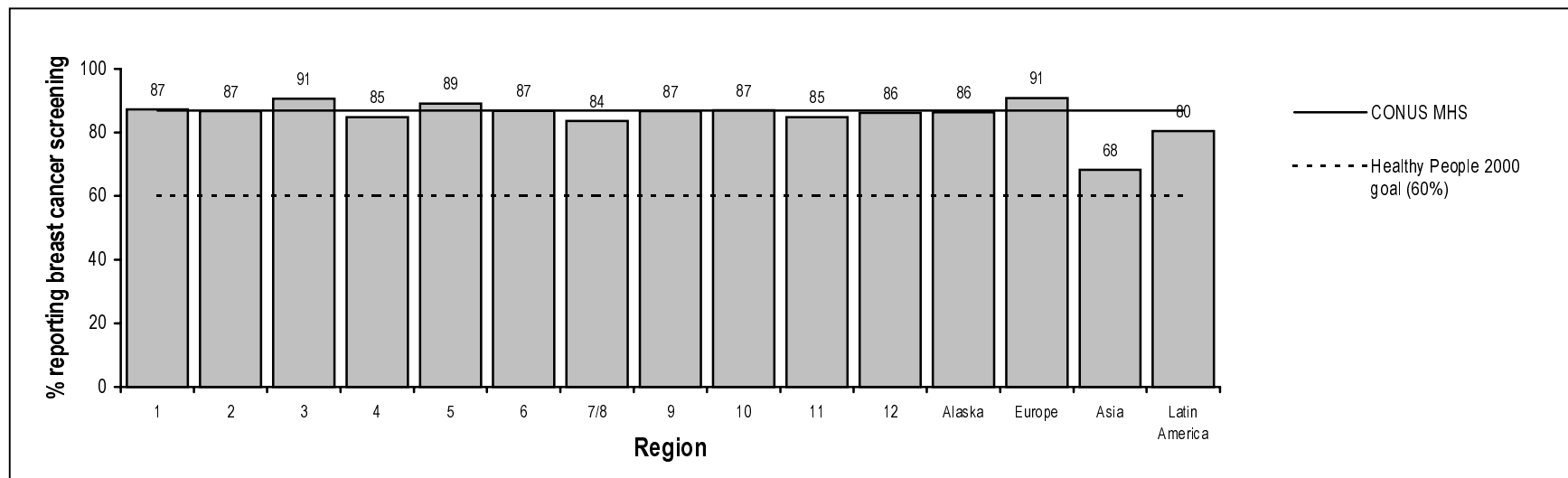
Findings:

Ninety-two percent of pregnant women in CONUS MHS reported first trimester prenatal care. This exceeds the Healthy People 2000 goal of 90 percent.

No CONUS MHS region had early prenatal care rates significantly below the Healthy People 2000 goal. Region 9's first trimester care rate (95 percent) was significantly higher than all other CONUS MHS regions.

6.2 Breast Cancer Screening in the Past 2 Years, by Region

Q.29b: When was the last time your breasts were checked by mammography or other x-ray like procedure?



Population:

Female beneficiaries age 50 and over

Sample size:

9,431

Vertical axis:

Percent who reported having a "mammography or other X-ray like procedure" in the past 2 years

Horizontal axis:

All regions

What the exhibit shows:

- The percent of women age 50 and over, who were screened for breast cancer in the past 2 years.
- Whether each region meets the Healthy People 2000 goal that at least 60 percent of women age 50 and over have been screened for breast cancer in the past 2 years

Findings:

Eighty-seven percent of CONUS MHS women age 50 and over were screened for breast cancer in the previous two years.

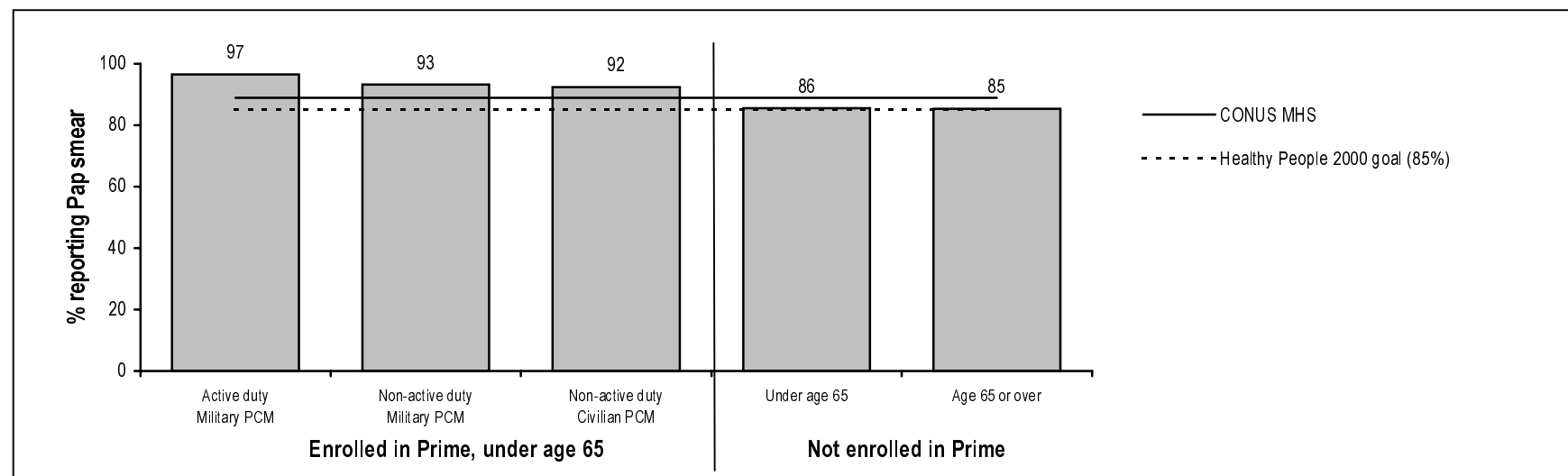
All the regions exceeded the Healthy People 2000 goal of 60 percent.

Regional breast cancer screening rates in CONUS MHS ranged from 84 percent in Region 7/8 to 91 percent in Region 3.

Region 3's screening rate was significantly higher than the CONUS MHS average.

6.3 Cervical Cancer Screening in the Past 3 Years, by Enrollment Status

Q.28: When did you last have a routine female examination with a Pap smear?



Population:

Female beneficiaries age 18 and over

Sample size:

27,269

Vertical axis:

Percent who reported having a "routine physical examination with a Pap smear" in the past 3 years

Horizontal axis:

Active duty status, military or civilian PCM, TRICARE Prime enrollment, and age

What the exhibit shows:

- The percent of women in CONUS MHS who have been screened for cervical cancer
- Whether some groups of women in CONUS MHS are more likely to be screened than other women
- Whether CONUS MHS meets the Healthy People 2000 goal that at least 85 percent of women have had a Pap smear in the past 3 years

Findings:

Eighty-nine percent of CONUS MHS women had a Pap smear in the past 3 years, exceeding the Healthy People 2000 goal of 85 percent.

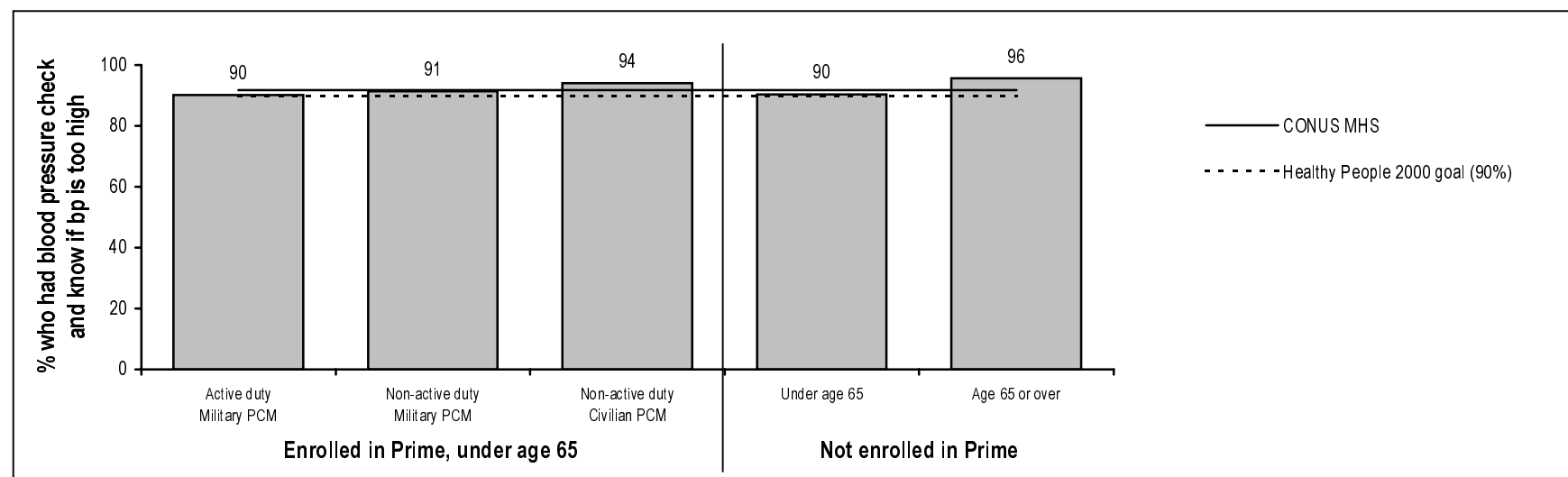
Almost all active duty women enrolled in TRICARE Prime with a military PCM had a Pap smear in the past 3 years (97 percent). Non-active duty Prime enrollees also had high screening rates (92 to 93 percent).

In comparison, only 85 to 86 percent of female beneficiaries not enrolled in Prime had a Pap smear.

6.4 Hypertension Screening in the Past 2 Years, by Enrollment Status

Q.17a: When did you last have a blood pressure reading?

Q.17b: Do you know if your blood pressure is too high or not?



Population:

All beneficiaries

Sample size:

58,462

Vertical axis:

Percent who had a blood pressure reading in the past 2 years and know if their blood pressure is too high

Horizontal axis:

Active duty status, military or civilian PCM, TRICARE Prime enrollment, and age

What the exhibit shows:

- Percent of beneficiaries in CONUS MHS who had a blood pressure reading in the past 2 years and know if their blood pressure is too high or not
- Whether some groups of MHS beneficiaries in CONUS MHS are more likely than other groups to be aware of their risk for hypertension
- Whether CONUS MHS meets the Healthy People 2000 goal that 90 percent of adults had a blood pressure check in the past 2 years *and* know if their blood pressure is too high

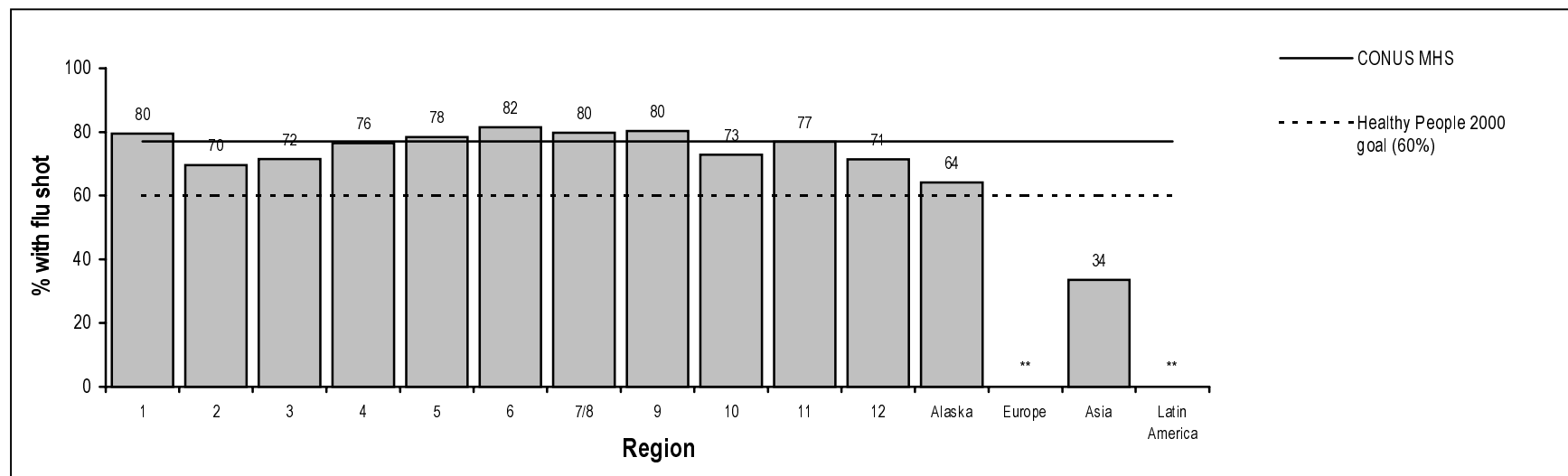
Findings:

The proportion of CONUS MHS beneficiaries who had a blood pressure reading in the past 2 years and knew if their blood pressure was too high (92 percent) exceeds the Healthy People 2000 goal of 90 percent.

Ninety-six percent of beneficiaries age 65 or over and not enrolled in TRICARE Prime had a blood pressure reading in the past 2 years and knew if their blood pressure was too high; the highest rate of all beneficiary groups.

6.5 Flu Shots Among Population Age 65 and Over in the Past 12 Months, by Region

Q.19: When did you last have a flu shot?



Population:

Beneficiaries age 65 and over

Sample size:

7,075

Vertical axis:

Percent who had a flu shot in the past 12 months

Horizontal axis:

All regions

Double Asterisks ():**

Indicates the value is suppressed because of insufficient sample size

What the exhibit shows:

- The percent of beneficiaries age 65 and over who had a flu shot in the past 12 months
- Whether some regions are more likely than others to provide flu shots to beneficiaries age 65 or over
- Whether each region meets the Healthy People 2000 goal that 60 percent of persons age 65 or over get an annual flu shot

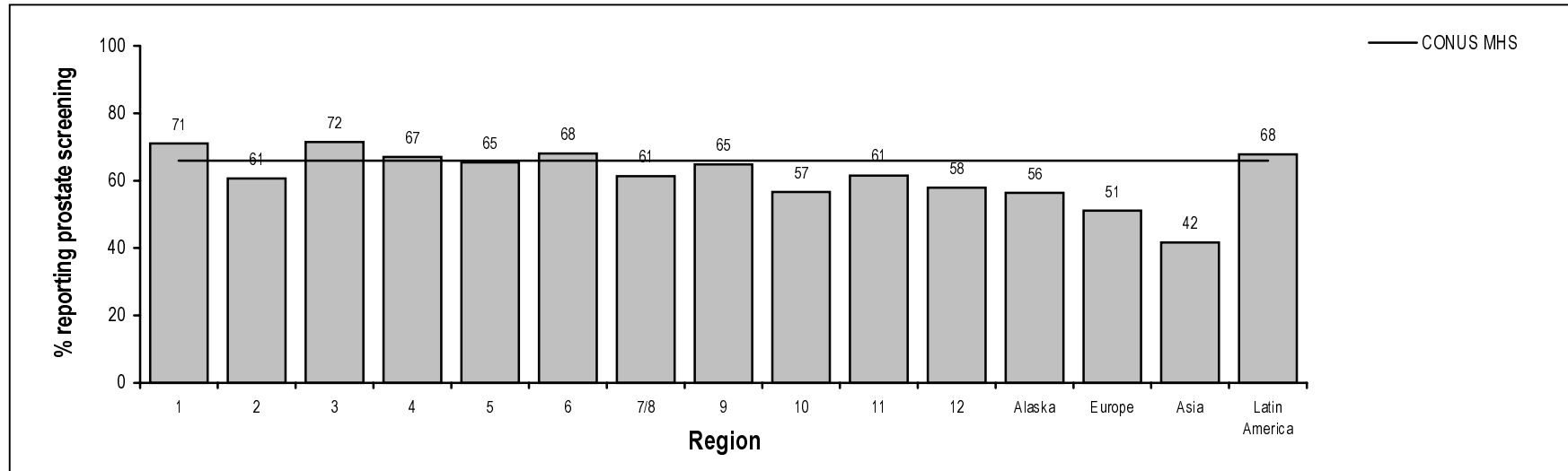
Findings:

Seventy-seven percent of CONUS MHS beneficiaries age 65 or over had a flu shot in the past 12 months, far exceeding the Healthy People 2000 goal of 60 percent.

Within CONUS MHS, flu shot rates ranged from percent in 64 percent in Alaska to 82 percent in Region 6. While all CONUS MHS regions exceeded the Healthy People 2000 goal, Alaska's rate is significantly less than the CONUS MHS average.

6.6 Prostate Disease Screening in the Past 12 Months, by Region

Q.27: When was the last time you had a prostate gland examination or blood test for prostate disease?



Population:

Male beneficiaries age 50 and over

Sample size:

10,999

Vertical axis:

Percent who had a "prostate gland examination or blood test for prostate disease" in the past 12 months

Horizontal axis:

All regions

What the exhibit shows:

- Percent of men age 50 and over who had a prostate exam in the past 12 months
- Whether some regions are more likely than other regions to screen men for prostate disease

Findings:

The American Cancer Society recommends annual screening for prostate disease for men age 50 and over.

Within CONUS MHS, annual prostate screening rates averaged 66 percent and annual prostate screening rates ranged from 56 percent in Alaska to 72 percent in Region 3.

Prostate screening was most common in Region 1 (71 percent) and Region 3 (72 percent). Male beneficiaries in three regions reported significantly lower screening rates than the CONUS MHS average: Region 7/8 (61 percent), Region 10 (57 percent), and Alaska (56 percent).

Chapter

7

Performance Improvement Plan

This chapter presents a performance improvement plan (PIP) for CONUS MHS. In summarizing the satisfaction questions in the 1998 HCSDB, the purpose of the PIP is to identify: (1) the key aspects of services or care that most influence beneficiary satisfaction in the region and (2) those aspects that need to be improved in order to increase beneficiary satisfaction.

Each point in Exhibit 7.1 represents one of the questions about satisfaction with military health care, Questions 100a-s. For example, point H represents beneficiary satisfaction with the length of the wait in the provider's office, as indicated by the key to the right of the plot. The "importance" score in the figure (Y-axis) is the correlation of overall satisfaction with ratings of these individual aspects of health care. (A correlation was developed for each item.) For example, the correlation for office waiting time would indicate how "important" office waiting time is in determining the respondent's overall satisfaction with military care. In addition, because each specific aspect of health care, such as office waiting time, is a component of overall health care, overall satisfaction with health care is a combination of the satisfaction ratings for each aspect of care. The closer a point is to the top of the exhibit, the more important the item is to overall satisfaction with military health care.

Services above the horizontal line, in the middle of the exhibit, are of greater importance to beneficiaries than those below the horizontal line, and they are noteworthy for their contribution to overall satisfaction. Services that beneficiaries are less satisfied with lie to the left of the vertical line, and those they are more satisfied with lie to the right of the line.

The quadrants may be interpreted as follows:

- **Top priority improvement opportunities are in the top left quadrant.** These aspects of health care should receive top priority for improvement because they are the ones with which beneficiaries are relatively dissatisfied and are important to overall satisfaction. These areas offer the greatest potential for increasing overall beneficiary satisfaction.
- **Top priority aspects of care to maintain are in the top right quadrant.** These are aspects of health care with which beneficiaries are relatively satisfied and that are important to overall satisfaction. The current level of care in these areas should be maintained.
- **Secondary priority improvement opportunities are in the bottom left quadrant.** These aspects of health care may need to be improved because beneficiaries are dissatisfied with them, but the priority for attending to them is relatively low because they are not especially important to overall satisfaction.

- **Secondary priority aspects of care to maintain are in the bottom right quadrant.** These are aspects of health care with which beneficiaries' are relatively satisfied but are not especially important to overall satisfaction. To the extent that these aspects of care meet beneficiaries' expectations, they should be maintained at their current level, but because they have relatively less to do with overall satisfaction, they can receive secondary priority attention.

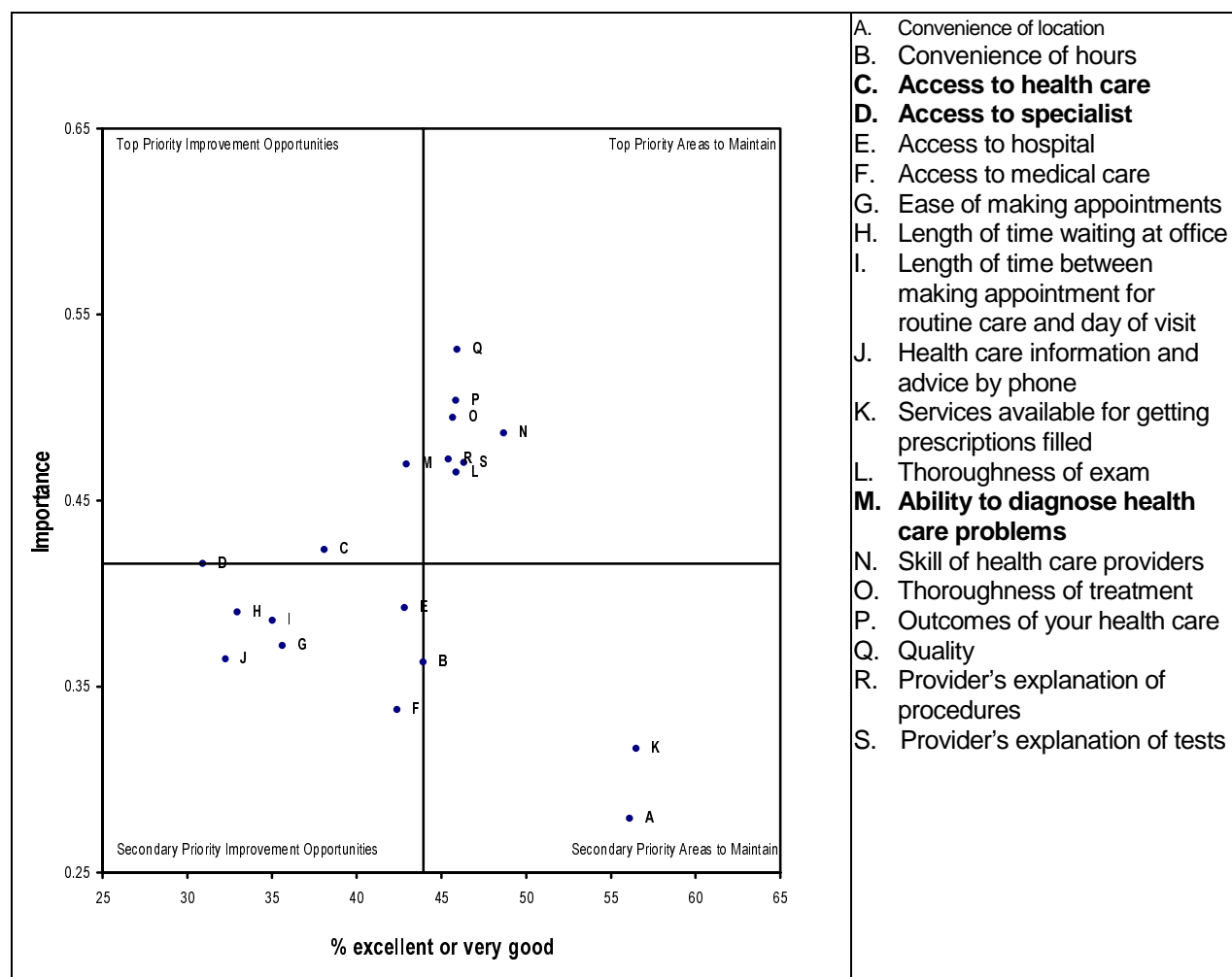
Key Findings

This PIP was designed to identify those aspects of CONUS MHS services which hold the greatest potential for improving beneficiaries' satisfaction with military health care. As indicated in Exhibit 7.1, there is widespread beneficiary concern with three critical and fundamental indicators of quality health care: (1) access to health care; (2) ability to diagnose health care problems; and (3) access to specialists. In Exhibit 7.2, we show that these serious concerns surfaced in the Regional Reports for most of CONUS MHS (see below). See the *Regional Reports* for additional region-specific survey findings.

- **Access to health care.** In every CONUS MHS region, beneficiaries were dissatisfied with their access to health care, a factor they valued highly.
- **Access to a specialist.** In all but two CONUS MHS regions, beneficiaries viewed access to specialty care as an important feature of military health care services and also indicated that they were relatively dissatisfied with their access to specialists.
- **Ability to diagnose health care problems.** On average, beneficiaries in every CONUS MHS region indicated relatively low confidence in the ability of the system to diagnose medical conditions. Beneficiaries also considered this aspect of military care to be important to their overall satisfaction.

Figure 7.1 Performance Improvement Plan

Bold items in the key to the right of this Performance Improvement Plan (PIP) identify aspects of military health care in CONUS MHS that need remedial attention. This means that these aspects of care were important to overall beneficiary satisfaction but received relatively low satisfaction scores. The items fall into two categories: (1) access to system resources and appointments [items A – K], and (2) quality of care [item L – S].



7.2 Regional Summary of CONUS MHS Performance Improvement Plans

Aspect of Care	Number of CONUS MHS Regions	Regions Cited
Access to health care	12	All CONUS MHS regions
Ability to diagnose health care problems	12	All CONUS MHS regions
Access to specialist	10	All CONUS except Regions 2 and 10
Thoroughness of treatment	2	Regions 11 and 12
Thoroughness of exam	2	Regions 5 and 11
Provider's explanation of procedures	2	Regions 2 and 12
Quality	2	Region 2 and 5
Outcomes of your health care	1	Region 5
Length of time waiting at office	1	Region 10